



**PHYSICIAN ASSISTANT COMMITTEE**  
**MEDICAL BOARD OF CALIFORNIA**  
1424 Howe Avenue, Suite 35, Sacramento, CA 95825-3237  
Telephone: (916) 263-2670



# Laws and Regulations Relating to the Practice of Physician Assistants

*Issued by the*

**PHYSICIAN ASSISTANT COMMITTEE**  
**MEDICAL BOARD OF CALIFORNIA**

August 2001

Physician Assistant Committee Members

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Holly M. Ferguson, PA-C, *Vice Chair*  
Gary Gitnick, M.D.  
Goodarz Haydarzadeh  
Brian K. O'Bannon, PA-C  
Robert E. Sachs, PA-C  
Hossein Salaami  
Mary E. Schmidt

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Relating to the Practice of Physician Assistants may be  
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Physician Assistant Committee  
Medical Board of California  
1424 Howe Avenue, Suite 35  
Sacramento, CA 95825-3237  
(916) 263-2670

# PHYSICIAN ASSISTANT PRACTICE ACT

AS CONTAINED IN  
DIVISION 2, CHAPTER 7.7  
BUSINESS AND PROFESSIONS CODE

*and*

# PHYSICIAN ASSISTANT REGULATIONS

AS CONTAINED IN  
TITLE 16, DIVISION 13.8  
CALIFORNIA CODE OF REGULATIONS



2001

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## CHAPTER 7.7. PHYSICIAN ASSISTANTS

(Title amended by Stats. 1992, Ch. 427.)

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### Article 1. General Provisions

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#### Legislative Intent

3500. In its concern with the growing shortage and geographic maldistribution of health care services in California, the Legislature intends to establish in this chapter a framework for development of a new category of health manpower—the physician assistant.

The purpose of this chapter is to encourage the more effective utilization of the skills of physicians, and physicians and podiatrists practicing in the same medical group practice, by enabling them to delegate health care tasks to qualified physician assistants where this delegation is consistent with the patient's health and welfare and with the laws and regulations relating to physician assistants.

This chapter is established to encourage the utilization of physician assistants by physicians, and by physicians and podiatrists practicing in the same medical group, and to provide that existing legal constraints should not be an unnecessary hindrance to the more effective provision of health care services. It is also the purpose of this chapter to allow for innovative development of programs for the education, training, and utilization of physician assistants.

(Amended by Stats. 1996, Ch. 454.)

#### Title

3500.5. This chapter shall be known and cited as the Physician Assistant Practice Act.

(Amended by Stats. 1989, Ch. 1104.)

#### Definitions

3501. As used in this chapter:

- (a) "Board" means the Division of Licensing of the Medical Board of California.
- (b) "Approved program" means a program for the education of physician assistants which has been formally approved by the committee.
- (c) "Trainee" means a person who is currently enrolled in an approved program.
- (d) "Physician assistant" means a person who meets the requirements of this chapter and is licensed by the committee.
- (e) "Supervising physician" means a physician and surgeon licensed by the board or by the Osteopathic Medical Board of California who supervises one or more physician assistants, who possesses a current valid license to practice medicine, and who is not currently on disciplinary probation for improper use of a physician assistant.

(f) “Supervision” means that a licensed physician and surgeon oversees the activities of, and accepts responsibility for, the medical services rendered by a physician assistant.

(g) “Committee” or “examining committee” means the Physician Assistant Committee.

(h) “Regulations” means the rules and regulations as contained in Chapter 13.8 (commencing with Section 1399.500) of Title 16 of the California Code of Regulations.

(i) “Routine visual screening” means uninvaseive nonpharmacological simple testing for visual acuity, visual field defects, color blindness, and depth perception.

(Amended by Stats. 1998, Ch. 736.)

## Services

3502. (a) Notwithstanding any other provision of law, a physician assistant may perform those medical services as set forth by the regulations of the board when the services are rendered under the supervision of a licensed physician and surgeon or of physicians and surgeons approved by the board, except as provided in Section 3502.5.

(b) Notwithstanding any other provision of law, a physician assistant performing medical services under the supervision of a physician and surgeon may assist a doctor of podiatric medicine who is a partner, shareholder, or employee in the same medical group as the supervising physician. A physician assistant who assists a doctor of podiatric medicine pursuant to this subdivision shall do so only according to patient-specific orders from the supervising physician and surgeon.

The supervising physician and surgeon shall be physically available to the physician assistant for consultation when such assistance is rendered. A physician assistant assisting a doctor of podiatric medicine shall be limited to performing those duties included within the scope of practice of a doctor of podiatric medicine.

(c) No medical services may be performed under this chapter in any of the following areas:

(1) The determination of the refractive states of the human eye, or the fitting or adaptation of lenses or frames for the aid thereof.

(2) The prescribing or directing the use of, or using, any optical device in connection with ocular exercises, visual training or orthoptics.

(3) The prescribing of contact lenses for, or the fitting or adaptation of contact lenses to, the human eye.

(4) The practice of dentistry or dental hygiene or the work of a dental auxiliary as defined in Chapter 4 (commencing with Section 1600).

(d) This section shall not be construed in a manner that shall preclude the performance of routine visual screening as defined in Section 3501.

(Amended by Stats. 1996, Ch. 454.)

## Prescription Transmittal Authority

3502.1. (a) In addition to the services authorized in the regulations adopted by the board, and except as prohibited by Section 3502, while under the supervision of a licensed physician and surgeon or physicians and surgeons authorized by law to supervise a physician assistant, a physician assistant may administer or provide medication to a patient, or transmit orally, or in writing on a patient’s record or in a drug order, an order to a person who may lawfully furnish the medication or medical device pursuant to subdivisions (c) and (d).

(1) A supervising physician and surgeon who delegates authority to issue a drug order to a physician assistant may limit this authority by specifying the manner in which the physician assistant may issue delegated prescriptions.

(2) Each supervising physician and surgeon who delegates the authority to issue a drug order to a physician assistant shall first prepare and adopt, or adopt, a written, practice specific, formulary and protocols that specify all criteria for the use of a particular drug or device, and any contraindications for the selection. The drugs listed shall constitute the formulary and shall include only drugs that are appropriate for use in the type of practice engaged in by the supervising physician and surgeon. When issuing a drug order, the physician assistant is acting on behalf of and as an agent for a supervising physician and surgeon.



(b) “Drug order” for purposes of this section means an order for medication which is dispensed to or for a patient, issued and signed by a physician assistant acting as an individual practitioner within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription or order of the supervising physician, (2) all references to “prescription” in this code and the Health and Safety Code shall include drug orders issued by physician assistants pursuant to authority granted by their supervising physicians, and (3) the signature of a physician assistant on a drug order shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

(c) A drug order for any patient cared for by the physician assistant that is issued by the physician assistant shall either be based on the protocols described in subdivision (a) or shall be approved by the supervising physician before it is filled or carried out.

(1) A physician assistant shall not administer or provide a drug or issue a drug order for a drug other than for a drug listed in the formulary without advance approval from a supervising physician and surgeon for the particular patient. At the direction and under the supervision of a physician and surgeon, a physician assistant may hand to a patient of the supervising physician and surgeon a properly labeled prescription drug prepackaged by a physician and surgeon, manufacturer as defined in the Pharmacy Law, or a pharmacist.

(2) A physician assistant may not administer, provide or issue a drug order for Schedule II through Schedule V controlled substances without advance approval by a supervising physician and surgeon for the particular patient.

(3) Any drug order issued by a physician assistant shall be subject to a reasonable quantitative limitation consistent with customary medical practice in the supervising physician and surgeon’s practice.

(d) A written drug order issued pursuant to subdivision (a), except a written drug order in a patient’s medical record in a health facility or medical practice, shall contain the printed name, address, and phone number of the supervising physician and surgeon, the printed or stamped name and license number of the physician assistant, and the signature of the physician assistant. Further, a written drug order for a controlled substance, except a written drug order in a patient’s medical record in a health facility or a medical practice, shall include the federal controlled substances registration number of the physician assistant. The requirements of this subdivision may be met through stamping or otherwise imprinting on the supervising physician and surgeon’s prescription blank to show the name, license number, and if applicable, the federal controlled substances number of the physician assistant, and shall be signed by the physician assistant. When using a drug order, the physician assistant is acting on behalf of and as the agent of a supervising physician and surgeon.

(e) The medical record of any patient cared for by a physician assistant for whom the supervising physician and surgeon’s drug order has been issued or carried out shall be reviewed and countersigned and dated by a supervising physician and surgeon within seven days.

(f) All physician assistants who are authorized by their supervising physicians to issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration (DEA).

(Amended by Stats. 2000, Ch. 836.)

## State of Emergency

3502.5. Notwithstanding any other provision of law, a physician assistant may perform those medical services permitted pursuant to Section 3502 during any state of war emergency, state of emergency, or state of local emergency, as defined in Section 8558 of the Government Code, and at the request of a responsible federal, state, or local official or agency, or pursuant to the terms of a mutual aid operation plan established and approved pursuant to the California Emergency Services Act (Chapter 7 (commencing with Section 8550) of Division 1 of Title 2 of the Government Code), regardless of whether the physician assistant’s approved supervising physician is available to supervise the physician assistant, so long as a licensed physician is available to render the appropriate supervision. “Appropriate supervision” shall not require the personal or electronic availability of a supervising physician if that availability is not possible or practical due to the emergency. The local

health officers and their designees may act as supervising physicians during emergencies without being subject to approval by the board. At all times, the local health officers or their designees supervising the physician assistants shall be licensed physicians and surgeons. Supervising physicians acting pursuant to this section shall not be subject to the limitation on the number of physician assistants supervised under Section 3516.

No responsible official or mutual aid operation plan shall invoke this section except in the case of an emergency that endangers the health of individuals. Under no circumstances shall this section be invoked as the result of a labor dispute or other dispute concerning collective bargaining.

(Added by Stats. 1993, Ch. 643.)

### **Limitation**

3503. No person other than one who has been licensed to practice as a physician assistant or authorized to practice on interim approval under Section 3517 shall practice as a physician assistant or in a similar capacity to a physician and surgeon or podiatrist or hold himself or herself out as a "physician assistant," or shall use any other term indicating or implying that he or she is a physician assistant.

(Amended by Stats. 1996, Ch. 454.)

### **Immunity from Liability**

3503.5. (a) A person licensed under this chapter who in good faith renders emergency care at the scene of an emergency that occurs outside both the place and course of that person's employment shall not be liable for any civil damage as a result of any acts or omissions by that person in rendering the emergency care.

(b) This section shall not be construed to grant immunity from civil damages to any person whose conduct in rendering emergency care is grossly negligent.

(c) In addition to the immunity specified in subdivision (a), the provisions of Article 17 (commencing with Section 2395) of Chapter 5 shall apply to a person licensed under this chapter when acting pursuant to delegated authority from an approved supervising physician.

(Added by Stats. 1998, Ch. 736.)

## **Article 2. Administration**

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### **Physician Assistant Examining Committee**

3504. There is established a Physician Assistant Committee of the Medical Board of California. The committee consists of nine members.

This section shall become inoperative on July 1, 2003, and, as of January 1, 2004, is repealed, unless a later enacted statute, which becomes effective on or before January 1, 2004, deletes or extends the dates on which it becomes inoperative and is repealed. The repeal of this section renders the committee subject to the review required by Division 1.2 (commencing with Section 473).

(Amended by Stats. 1998, Ch. 736.)

### **Composition**

3505. The members of the committee shall include one member of the Medical Board of California, a physician representative of a California medical school, an educator participating in an

approved program for the training of physician assistants, a physician who is an approved supervising physician of a physician assistant and who is not a member of any division of the Medical Board of California, three physician assistants, and two public members. Upon the first expiration of the term of the member who is a member of the Medical Board of California, that position shall be filled by a member of the Medical Board of California who is a physician member. Upon the first expiration of the term of the member who is a physician representative of a California medical school, that position shall be filled by a public member. Upon the first expiration of the term of the member who is an educator participating in an approved program for the training of physician assistants, that position shall be filled by a physician assistant. Upon the first expiration of the term of the member who is an approved supervising physician of a physician assistant and not a member of any division of the Medical Board of California, that position shall be filled by a public member. Following the expiration of the terms of the members described above, the committee shall include four physician assistants, one physician who is also a member of the Medical Board of California, and four public members.

Each member of the committee shall hold office for a term of four years expiring on January 1st, and shall serve until the appointment and qualification of a successor or until one year shall have elapsed since the expiration of the term for which the member was appointed, whichever first occurs. No member shall serve for more than two consecutive terms. Vacancies shall be filled by appointment for the unexpired terms.

The Governor shall appoint the licensed members qualified as provided in this section and two public members. The Senate Rules Committee and the Speaker of the Assembly shall each appoint a public member.

(Amended by Stats. 1998, Ch. 736.)

### **Compensation**

3506. Each member of the committee shall receive a per diem and expenses as provided in Section 103.

(Added by Stats. 1975, Ch. 634.)

### **Removal**

3507. The appointing power has power to remove from office any member of the committee, as provided in Section 106.

(Amended by Stats. 1982, Ch. 676.)

### **Meetings**

3508. (a) The committee shall meet at least four times annually, at least once in the City of Sacramento, and at least once in the City of Los Angeles. The committee shall conduct such additional meetings as are necessary in appropriate locations to conclude its business. Special meetings may be held at such time and place as the committee may designate.

(b) Notice of each meeting of the committee shall be given at least two weeks in advance to those persons and organizations who express an interest in receiving such notification.

(c) The committee shall receive permission of the director to meet more than six times annually. The director shall approve such meetings that are necessary for the committee to fulfill its legal responsibilities.

(Added by Stats. 1975, Ch. 634.)

### **Duties of Committee**

3509. It shall be the duty of the committee to:

(a) Establish standards and issue licenses of approval for programs for the education and training of physician assistants.

(b) Make recommendations to the board concerning the scope of practice for physician assistants.

(c) Make recommendations to the board concerning the formulation of guidelines for the consideration of applications by licensed physicians to supervise physician assistants and approval of such applications.

(d) Require the examination of applicants for licensure as a physician assistant who meet the requirements of this chapter.

(Amended by Stats. 1989, Ch. 1104.)

## Officers

3509.5. The committee shall elect annually a chairperson and a vice chairperson from among its members.

(Amended by Stats. 1983, Ch. 1026.)

## Regulations

3510. The committee may adopt, amend, and repeal regulations as may be necessary to enable it to carry into effect the provisions of this chapter; provided, however, that the board shall adopt, amend, and repeal such regulations as may be necessary to enable it to implement the provisions of this chapter under its jurisdiction. All regulations shall be in accordance with, and not inconsistent with, the provisions of this chapter. Such regulations shall be adopted, amended, or repealed in accordance with the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(Amended by Stats. 1983, Ch. 1026.)

## Quorum; Votes Required

3511. Five members shall constitute a quorum for transacting any business. The affirmative vote of a majority of those present at a meeting of the committee shall be required to carry any motion.

(Amended by Stats. 1983, Ch. 1026.)

## Personnel

3512. Except as provided in Sections 159.5 and 2020, the committee shall employ within the limits of the Physician Assistant Fund all personnel necessary to carry out the provisions of this chapter including an executive officer who shall be exempt from civil service. The board and committee shall make all necessary expenditures to carry out the provisions of this chapter from the funds established by Section 3520. The committee may accept contributions to effect the purposes of this chapter.

(Amended by Stats. 1998, Ch. 878.)

## Article 3. Certification and Approval

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## Duties of Committee

3513. The committee shall recognize the approval of training programs for physician assistants approved by a national accrediting organization. Physician assistant training programs accredited by a national accrediting agency approved by the committee shall be deemed approved by the committee under this section. If no national accrediting organization is approved by the committee, the committee may examine and pass upon the qualification of, and may issue certificates of approval for, programs for the education and training of physician assistants that meet committee standards.

(Repealed and added by Stats. 1998, Ch. 736.)

### **Application Guidelines**

3514. (a) The board shall formulate by regulation guidelines for the approval of licensed physicians to supervise a physician's assistant. Each physician desiring to supervise a physician's assistant shall file a separate application, except as provided in Section 3516.5.

(b) The committee shall formulate by regulation guidelines for the consideration of applications for licensure as a physician's assistant.

(c) The committee shall formulate by regulation guidelines for the approval of physician's assistant training programs.

(d) This section shall become inoperative on July 1, 2001, and, as of January 1, 2002, is repealed, unless a later enacted statute, which becomes effective on or before January 1, 2002, deletes or extends the dates on which it becomes inoperative and is repealed.

(Amended by Stats. 1998, Ch. 736.)

### **Guidelines for Licensure and Training Program Approval**

3514.1. (a) The committee shall formulate by regulation guidelines for the consideration of applications for licensure as a physician's assistant.

(b) The committee shall formulate by regulation guidelines for the approval of physician's assistant training programs.

(c) This section shall become operative on July 1, 2001.

(Added by Stats. 1998, Ch. 736.)

### **Requirements**

3515. (a) The board shall approve an application by a licensed physician to supervise a physician's assistant, where the applicant has met all of the requirements of this chapter and the board's regulations.

(b) This section shall become inoperative on July 1, 2001, and, as of January 1, 2002, is repealed, unless a later enacted statute, which becomes effective on or before January 1, 2002, deletes or extends the dates on which it becomes inoperative and is repealed.

(Amended by Stats. 1998, Ch. 736.)

### **Supervisor's Limitations**

3516. Notwithstanding any other provision of law, any physician assistant licensed by the committee shall be eligible for employment or supervision by any physician approved by the board to supervise physician assistants, except that:

(a) No physician shall supervise more than two physician assistants at any one time, except as provided in Sections 3502.5 and 3516.5.

(b) The board may restrict physicians to supervising specific types of physician assistants including, but not limited to, restricting physicians from supervising physician assistants outside of the physician's field of specialty.

(Amended by Stats. 1993, Ch. 643.)

### **Emergency Care Programs**

3516.5. (a) Notwithstanding any other provision of law and in accordance with regulations established by the board, the director of emergency care services in a hospital with an approved program for the training of emergency care physician assistants, may apply to the board for authorization under which such director may grant approval for emergency care physicians on the staff of such hospital to supervise emergency care physician assistants.

(b) The application shall encompass all supervising physicians employed in such service.

(c) Nothing in this section shall be construed to authorize any one emergency care physician while on duty to supervise more than two physician assistants at any one time.

(d) A violation of this section by the director of emergency care services in a hospital with an approved program for the training of emergency care physician assistants constitutes unprofessional conduct within the meaning of Chapter 5 (commencing with Section 2000) of Division 2.



(e) Any violation of this section shall be grounds for suspension of the approval of the director or disciplinary action against the director or suspension of the approved program under Section 3527.

(Amended by Stats. 1998, Ch. 878.)

### **Examination; Interim Approval**

3517. The committee shall require a written examination of physician assistants in the manner and under the rules and regulations as it shall prescribe, but the examination shall be conducted in that manner as to ensure that the identity of each applicant taking the examination will be unknown to all of the examiners until all examination papers have been graded. Except as otherwise provided in this chapter, or by regulation, no physician assistant applicant shall receive approval under this chapter without first successfully passing an examination given under the direction of the committee.

Examinations for licensure as a physician assistant may be required by the committee under a uniform examination system, and for that purpose the committee may make those arrangements with organizations furnishing examination material as may, in its discretion, be desirable. The committee shall, however, establish a passing score for each examination. The licensure examination for physician assistants shall be held by the committee at least once a year with such additional examinations as the committee deems necessary. The time and place of examination shall be fixed by the committee.

The committee may grant interim approval to an applicant for licensure as a physician assistant.

Every applicant who has complied with Section 3519, subdivision (a), who has filed an application with the committee may, between the date of receipt of notice that the application is on file and the date of receipt of his or her license, practice as a physician assistant on interim approval under the supervision of an approved physician. Applicants shall notify the committee in writing of any and all supervising physicians under whom they will be performing services prior to practicing under interim approval. If the applicant shall fail to take the next succeeding licensure examination or fails to pass the examination or fails to receive a license, all privileges under this section shall automatically cease upon written notification sent to the applicant by the committee.

In the event the licensure examination required by the committee is under a uniform examination system, the applicant shall provide evidence satisfactory to the committee (a) that an application has been filed and accepted for the examination and (b) that the organization administering the examination has been requested to transmit the applicant's scores to the committee in order for the applicant to maintain interim approval. The applicant shall be deemed to have failed the examination unless the applicant provides evidence to the committee within 30 days after scores have been released that he or she has passed the examination.

(Amended by Stats. 1998, Ch. 878.)

### **Registers**

3518. The committee shall keep current, two separate registers, one for approved supervising physicians and one for licensed physician's assistants, by specialty if applicable. These registers shall show the name of each licensee, his or her last known address of record, and the date of his or her licensure or approval, including those persons practicing under interim approval under Section 3517. Any interested person is entitled to obtain a copy of the register in accordance with the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code) upon application to the committee together with a sum as may be fixed by the committee, which amount shall not exceed the cost of this list so furnished.

(Amended by Stats. 1995, Ch. 91.)

### **Requirements for Licensure**

3519. The committee shall issue under the name of the Medical Board of California a license to all physician assistant applicants who meet all of the following requirements:

(a) Provide evidence of one of the following:

(1) Successful completion of an approved program.

(2) Successful completion in a medical school approved by the Division of Licensing of a resident course of professional instruction which meets the requirements of Sections 2088 and 2089.

- (b) Pass any examination required under Section 3517.
  - (c) Not be subject to denial of licensure under Division 1.5 (commencing with Section 475) or Section 3527.
  - (d) Pay all fees required under Section 3521.1.
- (Amended by Stats. 1998, Ch. 878.)

## **Article 4. Revenue**

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3524	Renewal of Expired License or Approval
3525	Suspended License
3526	Failure to Renew Within Five Years

### **Report to Controller**

3520. Within 10 days after the beginning of each calendar month the board shall report to the Controller the amount and source of all collections made under this chapter and at the same time pay all those sums into the State Treasury, where they shall be credited to the Physician Assistant Fund, which fund is hereby created. All money in the fund is continuously appropriated to carry out the purpose of this chapter.

(Amended by Stats. 1998, Ch. 878.)

### **Fees—Supervising Physician**

3521. The fees to be paid for approval to supervise physician assistants are to be set by the committee as follows:

- (a) An application fee not to exceed fifty dollars (\$50) shall be charged to each physician and surgeon applicant.
- (b) An approval fee not to exceed two hundred fifty dollars (\$250) shall be charged to each physician and surgeon upon approval of an application to supervise physician assistants.
- (c) A biennial renewal fee not to exceed three hundred dollars (\$300) shall be paid for the renewal of an approval.
- (d) The delinquency fee is twenty-five dollars (\$25).
- (e) The duplicate approval fee is ten dollars (\$10).
- (f) The fee for a letter of endorsement, letter of good standing, or letter of verification of approval shall be ten dollars (\$10).

(Amended by Stats. 1991, Ch. 917.)

### **Fees—Physician Assistant**

3521.1. The fees to be paid by physician assistants are to be set by the committee as follows:

- (a) An application fee not to exceed twenty-five dollars (\$25) shall be charged to each physician assistant applicant.
- (b) An initial license fee not to exceed two hundred fifty dollars (\$250) shall be charged to each physician assistant to whom a license is issued.
- (c) A biennial license renewal fee not to exceed three hundred dollars (\$300).
- (d) The delinquency fee is twenty-five dollars (\$25).
- (e) The duplicate license fee is ten dollars (\$10).
- (f) The fee for a letter of endorsement, letter of good standing, or letter of verification of licensure shall be ten dollars (\$10).

(Amended by Stats. 1991, Ch. 917.)

### **Fees—Training Programs**

3521.2. The fees to be paid by physician assistant training programs are to be set by the committee as follows:

(a) An application fee not to exceed five hundred dollars (\$500) shall be charged to each applicant seeking program approval by the committee.

(b) An approval fee not to exceed one hundred dollars (\$100) shall be charged to each program upon its approval by the committee.

(Added by Stats. 1998, Ch. 878.)

### **Report to Legislature**

3521.5. The committee shall report to the appropriate policy and fiscal committees of each house of the Legislature whenever the board approves a fee increase pursuant to Sections 3521 and 3521.1. The committee shall specify the reasons for each increase in the report. Reports prepared pursuant to this section shall identify the percentage of funds derived from an increase in fees pursuant to Senate Bill 1077 of the 1991–92 Regular Session (Chapter 917, Statutes of 1991) that will be used for investigational and enforcement activities by the board and committee.

(Amended by Stats. 1994, Ch. 146.)

### **Approval Renewal—Supervising Physician**

3522. An approval to supervise physician assistants shall expire at 12 midnight on the last day of the birth month of the physician and surgeon during the second year of a two-year term if not renewed.

The board shall establish a cyclical renewal program, including, but not limited to, the establishment of a system of staggered expiration dates for approvals and a pro rata formula for the payment of renewal fees by physician and surgeon supervisors.

To renew an unexpired approval, the approved supervising physician and surgeon, on or before the date of expiration, shall apply for renewal on a form prescribed by the board and pay the prescribed renewal fee.

(Amended by Stats. 1991, Ch. 917.)

### **Birthdate Renewal—Physician Assistant**

3523. All physician assistant licenses shall expire at 12 midnight of the last day of the birth month of the licensee during the second year of a two-year term if not renewed.

The committee shall establish by regulation procedures for the administration of a birthdate renewal program, including, but not limited to, the establishment of a system of staggered license expiration dates and a pro rata formula for the payment of renewal fees by physician assistants affected by the implementation of the program.

To renew an unexpired license, the licensee shall, on or before the date of expiration of the license, apply for renewal on a form provided by the committee, accompanied by the prescribed renewal fee.

(Amended by Stats. 1998, Ch. 878, S.B. 2239, § 20.)

### **Renewal of Expired License or Approval**

3524. A license or approval which has expired may be renewed at any time within five years after its expiration by filing an application for renewal on a form prescribed by the committee or board, as the case may be, and payment of the renewal fee in effect on the preceding regular renewal date. If the license or approval is not renewed within 30 days after its expiration, the licensed physician assistant and approved supervising physician, as a condition precedent to renewal, shall also pay the prescribed delinquency fee, if any. Renewal under this section shall be effective on the date on which the application is filed, on the date on which the renewal fee is paid, or on the date on which the delinquency fee, if any, is paid, whichever occurs last. If so renewed, the license shall continue in



effect through the expiration date provided in Section 3522 or 3523 which next occurs after the effective date of the renewal, when it shall expire, if it is not again renewed.

(Amended by Stats. 1998, Ch. 878.)

### **Suspended License**

3525. A suspended license is subject to expiration and shall be renewed as provided in this chapter. However, such renewal does not entitle such holder, to practice or otherwise violate the order or judgment by which the license was suspended.

A revoked license is subject to expiration as provided in this chapter. If the license is reinstated after expiration, the license holder, as a condition to reinstatement, shall pay a reinstatement fee in an amount equal to the renewal fee in effect on the last preceding regular renewal date before the date on which it is reinstated.

(Amended by Stats. 1988, Ch. 1448.)

### **Failure to Renew Within Five Years**

3526. A person who fails to renew his or her license or approval within five years after its expiration may not renew it, and it may not be reissued, reinstated, or restored thereafter, but that person may apply for and obtain a new license or approval if he or she:

(a) Has not committed any acts or crimes constituting grounds for denial of licensure under Division 1.5 (commencing with Section 475).

(b) Takes and passes the examination, if any, which would be required of him or her if application for licensure was being made for the first time, or otherwise establishes to the satisfaction of the committee that, with due regard for the public interest, he or she is qualified to practice as a physician assistant.

(c) Pays all of the fees that would be required as if application for licensure was being made for the first time.

(Amended by Stats. 1998, Ch. 878.)

## **Article 5. Denial, Suspension and Revocation**

<b>Section</b>	
3527	Causes for Denial, Suspension or Revocation
3528	Proceedings
3529	Jurisdiction Over Disciplinary Matters
3530	Reinstatement; Modification of Probation
3531	Conviction of Crime

### **Causes for Denial, Suspension or Revocation**

3527. (a) The committee may order the denial of an application for, or the issuance subject to terms and conditions of, or the suspension or revocation of, or the imposition of probationary conditions upon a physician assistant license after a hearing as required in Section 3528 for unprofessional conduct which includes, but is not limited to, a violation of this chapter, a violation of the Medical Practice Act, or a violation of the regulations adopted by the committee or the board.

(b) The committee may order the denial of an application for, or the suspension or revocation of, or the imposition of probationary conditions upon, an approved program after a hearing as required in Section 3528 for a violation of this chapter or the regulations adopted pursuant thereto.

(c) The board may order the denial of an application for, or the issuance subject to terms and conditions of, or the suspension or revocation of, or the imposition of probationary conditions upon, an approval to supervise a physician assistant, after a hearing as required in Section 3528, for unprofessional conduct, which includes, but is not limited to, a violation of this chapter, a violation of the Medical Practice Act, or a violation of the regulations adopted by the committee or the board.

(d) Notwithstanding subdivision (c), the Division of Medical Quality of the Medical Board of California, in conjunction with an action it has commenced against a physician and surgeon, may, in its own discretion and without the concurrence of the board, order the suspension or revocation of, or the imposition of probationary conditions upon, an approval to supervise a physician assistant, after a

hearing as required in Section 3528, for unprofessional conduct, which includes, but is not limited to, a violation of this chapter, a violation of the Medical Practice Act, or a violation of the regulations adopted by the committee or the board.

(e) The committee may order the denial of an application for, or the suspension or revocation of, or the imposition of probationary conditions upon, a physician assistant license, after a hearing as required in Section 3528 for unprofessional conduct which includes, except for good cause, the knowing failure of a licensee to protect patients by failing to follow infection control guidelines of the committee, thereby risking transmission of blood-borne infectious diseases from licensee to patient, from patient to patient, and from patient to licensee. In administering this subdivision, the committee shall consider referencing the standards, regulations, and guidelines of the State Department of Health Services developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, regulations, and guidelines pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other blood-borne pathogens in health care settings. As necessary, the committee shall consult with the California Medical Board, the Board of Podiatric Medicine, the Board of Dental Examiners, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians, to encourage appropriate consistency in the implementation of this subdivision.

The committee shall seek to ensure that licensees are informed of the responsibility of licensees and others to follow infection control guidelines, and of the most recent scientifically recognized safeguards for minimizing the risk of transmission of blood-borne infectious diseases.

(Amended by Stats. 1998, Ch. 878.)

## **Proceedings**

3528. Any proceedings involving the denial, suspension, or revocation of the application for licensure or the license of a physician assistant, the application for approval or the approval of a supervising physician, or the application for approval or the approval of an approved program under this chapter shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(Amended by Stats. 1998, Ch. 878.)

## **Jurisdiction Over Disciplinary Matters**

3529. The committee may hear any matters filed pursuant to subdivisions (a) and (b) of Section 3527, or may assign any such matter to a hearing officer. The board may hear any matters filed pursuant to subdivision (c) of Section 3527, or may assign any such matter to a hearing officer. If a matter is heard by the committee or the board, the hearing officer who presided at the hearing shall be present during the committee's or board's consideration of the case, and, if requested assist and advise the committee or the board.

(Repealed and added by Stats. 1978, Ch. 250.)

## **Reinstatement; Modification of Probation**

3530. One year from the date of a revocation of a license or approval under this chapter, application may be made to the committee or the board in the case of approval of an application to supervise physician assistants for reinstatement, restoration or modification of probation. The committee may accept or reject an application for reinstatement, restoration, or modification of probation and may require an examination for that reinstatement, restoration, or modification of probation when it is deemed appropriate for a license or approval under this chapter.

(Amended by Stats. 1998, Ch. 878.)

## **Conviction of Crime**

3531. A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge of a felony or of any offense which is substantially related to the qualifications, functions, or duties of the business or profession to which the license was issued is deemed to be a conviction

within the meaning of this chapter. The committee may order the license suspended or revoked, or shall decline to issue a license when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code allowing such person to withdraw his plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information or indictment.

(Amended by Stats. 1988, Ch. 1448.)

## **Article 6. Penalties**

### **Section**

3532	Penalty for Violation
3533	Injunction

### **Penalty for Violation**

3532. Any person who violates Section 3502, 3503, 3515, or 3516 shall be guilty of a misdemeanor punishable by imprisonment in the county jail not exceeding six months, or by a fine not exceeding one thousand dollars (\$1,000), or by both.

(Amended by Stats. 1983, Ch. 1092.)

### **Injunction**

3533. Whenever any person has engaged in any act or practice which constitutes an offense against this chapter, the superior court of any county, on application of the board, may issue an injunction or other appropriate order restraining such conduct. Proceedings under this section shall be governed by Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure. The board or the committee may commence action in the superior court under the provisions of this section.

(Amended by Stats. 1982, Ch. 517.)

## **Article 6.5. Diversion of Impaired Physician Assistants**

(Added by Stats. 1988, Ch. 385.)

### **Section**

3534	Legislative Intent
3534.1	Diversion Evaluation Committee
3534.2	Composition
3534.3	Duties and Responsibilities
3534.4	Criteria for Acceptance
3534.5	Participant Termination
3534.6	Additional Criteria by Regulation
3534.7	Confidentiality of Records
3534.8	Participation Fee
3534.9	Program Review
3534.10	Participation Not a Defense

### **Legislative Intent**

3534. (a) It is the intent of the Legislature that the examining committee shall seek ways and means to identify and rehabilitate physician assistants whose competency is impaired due to abuse of dangerous drugs or alcohol so that they may be treated and returned to the practice of medicine in a manner which will not endanger the public health and safety.

(Added by Stats. 1988, Ch. 385.)

### **Diversion Evaluation Committee**

3534.1. The examining committee shall establish and administer a diversion program for the rehabilitation of physician assistants whose competency is impaired due to the abuse of drugs or alcohol. The examining committee may contract with any other state agency or a private organization to perform its duties under this article. The examining committee may establish one or more diversion

evaluation committees to assist it in carrying out its duties under this article. As used in this article, “committee” means a diversion evaluation committee.

(Amended by Stats. 1998, Ch. 878.)

### **Composition**

3534.2. (a) Any committee established by the examining committee shall have at least three members. In making appointments to a committee the examining committee shall consider the appointments of persons who are either recovering of substance abuse and have been free from abuse for at least three years immediately prior to their appointment or who are knowledgeable in the treatment and recovery of substance abuse. The examining committee also shall consider the appointment of a physician and surgeon who is board certified in psychiatry.

(b) Appointments to a committee shall be by the affirmative vote of a majority of members appointed to the examining committee. Each appointment shall be at the pleasure of the examining committee for a term not to exceed four years. In its discretion, the examining committee may stagger the terms of the initial members so appointed.

(c) A majority of the members of a committee shall constitute a quorum for the transaction of business. Any action requires an affirmative vote of a majority of those members present at a meeting constituting at least a quorum. Each committee shall elect from its membership a chairperson and a vice chairperson. Notwithstanding Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code, relating to public meetings, a committee may convene in closed session to consider matters relating to any physician assistant applying for or participating in a diversion program, and a meeting which will be convened entirely in closed session need not comply with Section 11125 of the Government Code. A committee shall only convene in closed session to the extent it is necessary to protect the privacy of an applicant or participant. Each member of a committee shall receive a per diem and shall be reimbursed for expenses as provided in Section 103.

(Added by Stats. 1988, Ch. 385.)

### **Duties and Responsibilities**

3534.3. Each committee has the following duties and responsibilities:

(a) The evaluation of physician assistants who request participation in the program and to consider any recommendations from professional consultants on the admission of applicants to the diversion program.

(b) The review and designation of treatment facilities to which physician assistants in the diversion program may be referred.

(c) The receipt and review of information concerning physician assistants participating in the program.

(d) To call meetings as necessary to consider the requests of physician assistants to participate in the diversion program, to consider reports regarding participants in the program, and to consider any other matters referred to it by the examining committee.

(e) The consideration of whether each participant in the diversion program may with safety continue or resume the practice of medicine.

(f) To set forth in writing a treatment program for each participant in the diversion program with requirements for supervision and surveillance.

(g) To hold a general meeting at least twice a year, which shall be open and public, to evaluate the diversion program’s progress, to prepare reports to be submitted to the examining committee, and to suggest proposals for changes in the diversion program.

(h) For the purposes of Division 3.6 (commencing with Section 810) of Title 1 of the Government Code, any member of a committee shall be considered a public employee. No examining committee or committee member, contractor, or agent thereof, shall be liable for any civil damage because of acts or omissions which may occur while acting in good faith in a program established pursuant to this article.

(Amended by Stats. 1998, Ch. 878.)

### **Criteria for Acceptance**

3534.4. Criteria for acceptance into the diversion program shall include all of the following: (a) the applicant shall be licensed as a physician assistant by the examining committee and shall be a resident of California; (b) the applicant shall be found to abuse dangerous drugs or alcoholic beverages in a manner which may affect his or her ability to practice medicine safely or competently; (c) the applicant shall have voluntarily requested admission to the program or shall be accepted into the program in accordance with terms and conditions resulting from a disciplinary action; (d) the applicant shall agree to undertake any medical or psychiatric examination ordered to evaluate the applicant for participation in the program; (e) the applicant shall cooperate with the program by providing medical information, disclosure authorizations, and releases of liability as may be necessary for participation in the program; and (f) the applicant shall agree in writing to cooperate with all elements of the treatment program designed for him or her.

An applicant may be denied participation in the program if the examining committee, its delegatee, or a committee, as the case may be, determines that the applicant will not substantially benefit from participation in the program or that the applicant's participation in the program creates too great a risk to the public health, safety, or welfare.

(Added by Stats. 1988, Ch. 385.)

### **Participant Termination**

3534.5. A participant may be terminated from the program for any of the following reasons: (a) the participant has successfully completed the treatment program; (b) the participant has failed to comply with the treatment program designated for him or her; (c) the participant fails to meet any of the criteria set forth in subdivision (d); or (d) it is determined that the participant has not substantially benefited from participation in the program or that his or her continued participation in the program creates too great a risk to the public health, safety, or welfare. Whenever an applicant is denied participation in the program or a participant is terminated from the program for any reason other than the successful completion of the program, and it is determined that the continued practice of medicine by that individual creates too great a risk to the public health and safety, that fact shall be reported to the executive officer of the examining committee and all documents and information pertaining to and supporting that conclusion shall be provided to the executive officer. The matter may be referred for investigation and disciplinary action by the examining committee. Each physician assistant who requests participation in a diversion program shall agree to cooperate with the recovery program designed for him or her. Any failure to comply with that program may result in termination of participation in the program.

The examination committee shall inform each participant in the program of the procedures followed in the program, of the rights and responsibilities of a physician assistant in the program, and the possible results of noncompliance with the program.

(Added by Stats. 1988, Ch. 385.)

### **Additional Criteria by Regulation**

3534.6. In addition to the criteria and causes set forth in Section 3534.4, the examining committee may set forth in its regulations additional criteria for admission to the program or causes for termination from the program.

(Added by Stats. 1988, Ch. 385.)

### **Confidentiality of Records**

3534.7. All examining committee and committee records and records of proceedings and participation of a physician assistant in a program shall be confidential and are not subject to discovery or subpoena.

(Added by Stats. 1988, Ch. 385.)



## Participation Fee

3534.8. A fee may be charged for participation in the program.  
(Added by Stats. 1988, Ch. 385.)

## Program Review

3534.9. If the examining committee contracts with any other entity to carry out this section, the executive officer of the examining committee, or his or her delegatee, shall review the activities and performance of the contractor on a biennial basis. As part of this review, the examining committee shall review files of participants in the program. However, the names of participants who entered the program voluntarily shall remain confidential, except when the review reveals misdiagnosis, case mismanagement, or noncompliance by the participant.

(Added by Stats. 1988, Ch. 385.)

## Participation Not a Defense

3534.10. Participation in a diversion program shall not be a defense to any disciplinary action which may be taken by the examining committee. This section does not preclude the examining committee from commencing disciplinary action against a physician assistant who is terminated unsuccessfully from the program under this section. That disciplinary action may not include as evidence any confidential information.

(Added by Stats. 1988, Ch. 385.)

## Article 7. Osteopathic Physician Assistants

### Section

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|------|--|
| 3535 | Osteopathic Physician Assistants ( <i>operative until July 1, 2001</i> ) |
| 3535 | Osteopathic Physician Assistants ( <i>operative July 1, 2001</i> )       |

### Osteopathic Physician Assistants (*operative until July 1, 2001*)

3535. Notwithstanding any other provision of law, physicians and surgeons licensed by the Osteopathic Medical Board of California may employ physician's assistants provided:

(a) Each physician's assistant so employed is a graduate of an approved program and is licensed by the committee.

(b) The scope of practice of the physician's assistant shall be the same as that which is approved by the Division of Licensing of the Medical Board of California for physicians and surgeons supervising physician's assistants in the same or a similar specialty.

(c) The supervising physician and surgeon is approved by the Osteopathic Medical Board of California. The Osteopathic Medical Board of California may deny an application, or suspend or revoke or impose probationary conditions upon any osteopathic physician and surgeon approved to supervise any physician's assistant in any decision made after a hearing as provided in Section 3528.

(d) Any physician's assistant licensed by the committee shall be eligible for employment by any physician and surgeon approved by the Osteopathic Medical Board of California; except that no physician and surgeon shall supervise more than two physician's assistants. The Osteopathic Medical Board of California may restrict physicians and surgeons to supervising specific types of physician's assistants including, but not limited to, restricting physicians and surgeons from supervising physician's assistants outside of the physician's and surgeon's field of specialty.

(e) Each physician and surgeon desiring to supervise a physician's assistant under this section shall file a separate application. The fees to be paid to the Osteopathic Medical Board of California for approval to supervise a physician's assistant are to be set as follows: An application fee not to exceed fifty dollars (\$50) shall be charged to each physician and surgeon applicant. An approval fee not to exceed one hundred dollars (\$100) shall be charged to each physician and surgeon upon approval of an application to supervise a physician's assistant. If the approval will expire less than one year after its issuance, the fee shall be 50 percent of the initial approval fee currently in effect. The Osteopathic Medical Board of California shall renew approval to supervise physician's assistants upon application

for that renewal. A biennial renewal fee not to exceed one hundred fifty dollars (\$150) shall be paid for the renewal of that approval. The delinquency fee is twenty-five dollars (\$25). The duplicate license fee is ten dollars (\$10). The fees collected by the Osteopathic Medical Board of California pursuant to this subdivision shall be deposited in the Osteopathic Medical Board of California Contingent Fund.

(f) Any person who violates subdivision (a), (b), (c), or (d) of this section shall be guilty of a misdemeanor punishable by imprisonment in the county jail not exceeding six months, or by a fine not exceeding one thousand dollars (\$1,000) or by both that imprisonment and fine.

(g) This section shall become inoperative on July 1, 2001, and, as of January 1, 2002, is repealed, unless a later enacted statute, which becomes effective on or before January 1, 2002, deletes or extends the dates on which it becomes inoperative and is repealed.

(Amended by Stats. 1998, Ch. 736.)

### **Osteopathic Physician Assistants (*operative July 1, 2001*)**

3535. (a) Notwithstanding any other provision of law, physicians and surgeons licensed by the Osteopathic Medical Board of California may use or employ physician assistants provided (1) each physician assistant so used or employed is a graduate of an approved program and is licensed by the committee, and (2) the scope of practice of the physician assistant is the same as that which is approved by the Division of Licensing of the Medical Board of California for physicians and surgeons supervising physician assistants in the same or similar specialty.

(b) Any person who violates subdivision (a) shall be guilty of a misdemeanor punishable by imprisonment in a county jail not exceeding six months, or by a fine not exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine.

(c) This section shall become operative on July 1, 2001.

(Added by Stats. 1998, Ch. 736.)

## **Article 7.5. International Medical Graduate Physician Assistants**

(Added by Stats. 1993, Ch. 1042.)

### **Section**

3537.10	Training Program
3537.15	Pilot Program
3537.20	Requirements
3537.25	Enforceable Agreement
3537.30	Default
3537.35	The Office of Statewide Health Planning and Development
3537.40	Physician Assistant Training Fund
3537.45	Fees
3537.50	Federal Funding

### **Training Program**

3537.10. (a) Subject to the other provisions of this article, the Office of Statewide Health Planning and Development, hereafter in this article referred to as the office, shall coordinate the establishment of an international medical graduate physician assistant training program, to be conducted at an appropriate educational institution or institutions. The goal of the program shall be to place as many international medical graduate physician assistants in medically underserved areas as possible in order to provide greater access to care for the growing population of medically indigent and underserved. The method for accomplishing this goal shall be to train foreign medical graduates to become licensed as physician assistants at no cost to the participants in return for a commitment from the participants to serve full-time in underserved areas for a four-year period.

(b) By February 1, 1994, or one month after federal funds to implement this article become available, whichever occurs later, the office shall establish a training program advisory task force. The task force shall be comprised of representatives from all of the following groups:

- (1) Physician assistant program directors.
- (2) Foreign medical graduates.
- (3) The California Academy of Physician Assistants.

(4) Nonprofit community health center directors.

(5) Physicians.

(6) The committee, at the committee's option.

The office may, instead, serve solely as a consultant to the task force.

(c) The task force shall do all of the following:

(1) Develop a recommended curriculum for the training program that shall be from 12 to 15 months in duration and shall, at a minimum, meet curriculum standards consistent with the committee's regulations. The program shall be subject to the committee's approval. By April 1, 1994, or three months after federal funds to implement this article become available, whichever occurs later, the curriculum shall be presented by the office to the Committee on Allied Health Education and Accreditation of the American Medical Association, or its successor organization, for approval.

(2) Develop recommended admission criteria for participation in the pilot and ongoing program.

(3) Assist in development of linkages with academic institutions for the purpose of monitoring and evaluating the pilot program.

(Added by Stats. 1993, Ch. 1042.)

### **Pilot Program**

3537.15. (a) Prior to establishment of an ongoing international medical graduate physician assistant training program, the Office of Statewide Health Planning and Development shall coordinate the establishment of a pilot program commencing September 1, 1994, or eight months after federal funds to implement this article become available, whichever occurs later, to test the validity and effectiveness of the recommended training curriculum developed by the task force. The task force shall, with the advice and assistance of the academic institutions offering the pilot program curriculum, and subject to their approval, select 10 international medical graduates to participate in the pilot program.

(b) After two classes have graduated from the pilot program, the task force, with the advice and assistance of the academic institutions, shall evaluate the results of the pilot program, to determine whether a permanent program should be established. The office may modify curriculum as needed and make appropriate revisions in order to ensure program integrity and compliance with established standards. Any permanent international medical graduate physician assistant training program shall commence at the beginning of the year following the completion of the evaluation.

(Added by Stats. 1993, Ch. 1042.)

### **Requirements**

3537.20. Any person who has satisfactorily completed the program established by this article shall be eligible for licensure by the committee as a "physician assistant" if the person has complied with all of the following requirements:

(a) Has successfully completed the written examination required under Section 3517.

(b) Has successfully completed the Test of English as a Foreign Language (TOEFL).

(Added by Stats. 1993, Ch. 1042.)

### **Enforceable Agreement**

3537.25. Both the pilot and the ongoing training program shall provide training at no cost to the participants in return for a written, enforceable agreement by the participants to, upon obtaining licensure under this article, serve a minimum of four years as a full-time physician assistant in an area of California designated by the Office of Statewide Health Planning and Development as a medically underserved area pursuant to Section 3537.35.

(Added by Stats. 1993, Ch. 1042.)

### **Default**

3537.30. (a) The Legislature recognizes that the goal of this program would be compromised if participants do not observe their commitments under this program to provide the required service in



a medically underserved area. The goal of this program would not be met if all that it accomplished was merely to license physician assistants that served populations that are not medically underserved.

(b) Since damages would be difficult or impossible to ascertain in the event of default by the participant, this section shall set forth the extent of liquidated damages that shall be recoverable by the program in the case of default.

(c) In the case of default by a participant who has successfully completed the program and has obtained licensure under this article, the program shall collect the following damages from the participant:

(1) The total cost expended by the program for the training of the applicant, and interest thereon from the date of default.

(2) The total amount needed for the program to seek cover as set forth in subdivision (b) of Section 3537.35.

(3) The costs of enforcement, including, but not limited to, the costs of collecting the liquidated damages, the costs of litigation, and attorney's fees.

(d) The Attorney General may represent the office, or the committee, or both in any litigation necessitated by this article, or, if the Attorney General declines, the office, or the committee, or both may hire other counsel for this purpose.

(e) Funds collected pursuant to subdivision (c) shall be allocated as follows:

(1) Costs of training recovered pursuant to paragraph (1) of subdivision (c) shall be allocated to the office to be used upon appropriation for the continuing training program pursuant to this article.

(2) Costs of seeking cover recovered pursuant to paragraph (2) of subdivision (c) shall be deposited in the Physician Assistant Training Fund established pursuant to Section 3537.40 for the purposes of providing grants pursuant to subdivision (c) of Section 3537.35.

(3) Costs of enforcement recovered pursuant to paragraph (3) of subdivision (c) shall be allocated between the office, and the Attorney General, or other counsel, according to actual costs.

(Added by Stats. 1993, Ch. 1042.)

### **The Office of Statewide Health Planning and Development**

3537.35. The Office of Statewide Health Planning and Development shall, in addition to other duties described in this article, do all of the following:

(a) Determine those areas of the state that are medically underserved in that they have a higher percentage of medically underserved and indigent persons and would benefit from the services of additional persons licensed as physician assistants.

(b) Determine the total cost of seeking cover as specified in paragraph (2) of subdivision (c) of Section 3537.30. To determine the cost, the office shall study the market forces that are at work creating the scarcity of these physician assistants in these medically underserved areas, and determine the annual level of additional funding that would be required by a health facility, clinic, or other health care provider in those areas to motivate a physician assistant to serve full-time in those underserved areas. This amount shall be calculated so that when added to the prevailing rate for these services in the underserved area, would make these positions so attractive that physician assistants would be motivated to serve in those areas. This amount, which shall equal the cost to the office to place a qualified physician assistant in the underserved area, times four years shall be the total cost of seeking cover.

(c) Provide grants, as funds become available in the Physician Assistant Training Fund, to applicant health care providers that provide services in medically underserved areas for the purpose of funding additional full-time physician assistant positions in those areas to provide services in lieu of defaulting physician assistants. Participating providers shall use these grants to attract physician assistants that are from outside the area and shall demonstrate that the grant actually increases the number of physician assistants serving the underserved population. The grantee shall demonstrate that the grant did not merely shift a physician assistant from one medically underserved area to another, but rather, resulted in a net increase in the number of physician assistants serving the underserved population as a whole. Licensees under this article shall not directly or indirectly receive grants under this section.

(Added by Stats. 1993, Ch. 1042.)

### **Physician Assistant Training Fund**

3537.40. The Physician Assistant Training Fund is hereby created in the State Treasury for the purpose of receipt of funds collected pursuant to paragraph (2) of subdivision (c) of Section 3537.30. The Physician Assistant Training Fund shall be available to the Office of Statewide Health Planning and Development for the purpose of providing grants pursuant to subdivision (c) of Section 3537.35, upon appropriation by the Legislature.

(Added by Stats. 1993, Ch. 1042.)

### **Fees**

3537.45. The program established pursuant to this article shall not be funded, directly or indirectly, from an increase in the fees charged to physician assistants, supervising physicians, or physician assistant training programs pursuant to Section 3521, 3521.1, or 3521.2. This article does not excuse physician assistants trained pursuant to this article or their supervising physicians from paying the fees established pursuant to Section 3521 or 3521.1.

(Added by Stats. 1993, Ch. 1042.)

### **Federal Funding**

3537.50. No General Fund revenues shall be expended to carry out this article. The implementation of the pilot program and, if applicable, the permanent program established by this article shall be contingent upon the availability of federal funds, which do not divert or detract from funds currently utilized to underwrite existing physician assistant training programs or to fund existing functions of the committee. The new funding shall be sufficient to cover the full additional cost to the educational institution or institutions that establish the program or programs, the cost of tuition and attendance for the students in the program or programs, and any additional costs, including enforcement costs, that the office or the committee incurs as a result of implementing this article. Nothing in this article shall be construed as imposing any obligations upon the office, the committee, or any physician assistant training program in the absence of adequate funding as described in this section. Nothing in this article shall be construed either as precluding applicants for the program established by this article from seeking state or federal scholarship funds, or state and federal loan repayment funds available to physician assistant students, or as requiring that any applicants be granted preference in the award of those funds. Nothing in this article shall be construed as impairing the autonomy of any institution that offers a physician assistant training program.

(Added by Stats. 1993, Ch. 1042.)

## **Article 8. Physician Assistants Corporations**

(Added by Stats. 1982, Ch. 1304.)

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### **Definition**

3540. A physician assistants corporation is a corporation which is authorized to render professional services, as defined in Section 13401 of the Corporations Code, so long as that corporation and its shareholders, officers, directors, and employees rendering professional services who are certified physician assistants are in compliance with the Moscone-Knox Professional Corporation Act, the provisions of this article, and all other statutes and regulations now or hereafter enacted or adopted pertaining to the corporation and the conduct of its affairs.

With respect to a physician assistants corporation, the governmental agency referred to in the Moscone-Knox Professional Corporation Act (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code) is the committee.

(Amended by Stats. 1998, Ch. 736.)

### **Unprofessional Conduct—Violations**

3541. It shall constitute unprofessional conduct and a violation of this chapter for any person licensed under this chapter to violate, attempt to violate, directly or indirectly, or assist in or abet the violation of, or conspire to violate any provision or term of this article, the Moscone-Knox Professional Corporation Act, or any regulations duly adopted under those laws.

(Added by Stats. 1982, Ch. 1304.)

### **Unprofessional Conduct**

3542. A physician assistant corporation shall not do or fail to do any act the doing of which or the failure to do which would constitute unprofessional conduct under any statute or regulation, now or hereafter in effect. In the conduct of its practice, it shall observe and be bound by these statutes and regulations to the same extent as a person holding a license under this chapter.

(Amended by Stats. 1994, Ch. 26.)

### **Corporation Name**

3543. The name of a physician assistant corporation and any name or names under which it may render professional services shall contain the words “physician assistant,” and wording or abbreviations denoting corporate existence.

(Amended by Stats. 1994, Ch. 26.)

### **Shareholders, Directors and Officers**

3544. Except as provided in Sections 13401.5 and 13403 of the Corporations Code, each shareholder, director and officer of a physician assistant corporation, except an assistant secretary and an assistant treasurer, shall be a licensed person as defined in Section 13401 of the Corporations Code.

(Amended by Stats. 1994, Ch. 26.)

### **Income**

3545. The income of a physician assistant corporation attributable to professional services rendered while a shareholder is a disqualified person, as defined in Section 13401 of the Corporations Code, shall not in any manner accrue to the benefit of the shareholder or his or her shares in the physician assistants corporation.

(Amended by Stats. 1994, Ch. 26.)

### **Regulations**

3546. The board may adopt and enforce regulations to carry out the purposes and objectives of this article, including regulations requiring (a) that the bylaws of a physician assistant corporation shall include a provision whereby the capital stock of the corporation owned by a disqualified person (as defined in Section 13401 of the Corporations Code), or a deceased person, shall be sold to the corporation or to the remaining shareholders of the corporation within the time as the regulations may provide, and (b) that a physician assistant corporation shall provide adequate security by insurance or otherwise for claims against it by its patients arising out of the rendering of professional services.

(Amended by Stats. 1994, Ch. 26.)



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## **DIVISION 13.8. PHYSICIAN ASSISTANT EXAMINING COMMITTEE OF THE MEDICAL BOARD OF CALIFORNIA**

### **Article 1. General Provisions**

#### **1399.500. Citation.**

This chapter may be cited and referred to as the “Physician Assistants Regulations.”

NOTE: Authority and reference cited: Section 3510, Business and Professions Code.

HISTORY:

1. Repealer of article 1 (sections 1399.500–1399.516, not consecutive) and new article 1 (sections 1399.500–1399.518, not consecutive) filed 8-23-79; effective thirtieth day thereafter (Register 79, No. 34). For history of former article, see Register 77, No. 48.
2. Amendment filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).
3. Renumbering of chapter 13.7 (sections 1399.500–1399.615, not consecutive) to chapter 13.8 filed 12-14-84; effective thirtieth day thereafter (Register 84, No. 50).
4. Editorial correction of division heading (Register 92, No. 6).

#### **1399.501. Location of Office.**

The principal offices of the Division of Allied Health Professions and the Physician Assistant Examining Committee are located at 1424 Howe Avenue, Suite 35, Sacramento, California 95825-3237.

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Section 2019, Business and Professions Code.

HISTORY:

1. Amendment filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).
2. Change without regulatory effect filed 2-5-91 pursuant to section 100, title 1, California Code of Regulations (Register 91, No. 11).

#### **1399.502. Definitions.**

For the purposes of the regulations contained in this chapter, the terms

(a) “Board” or “Division” means the Division of Allied Health Professions of the Medical Board of California.

(b) “Committee” means the Physician Assistant Examining Committee.

(c) “Code” means the Business and Professions Code.

(d) “Physician assistant” means a person who is licensed by the committee as a physician assistant.

(e) “Trainee” means a person enrolled and actively participating in an approved program of instruction for physician assistants.

(f) “Approved program” means a program for the education and training of physician assistants which has been approved by the committee.

(g) “Supervising physician” and “physician supervisor” mean a licensed physician approved by the division under Section 3515 of the code.

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Section 3510, Business and Professions Code.

HISTORY:

1. Amendment filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).
2. New subsection (g) filed 7-12-85; effective thirtieth day thereafter (Register 85, No. 28).
3. Change without regulatory effect filed 2-5-91 pursuant to section 100, title 1, California Code of Regulations (Register 91, No. 11).

#### **1399.503. Delegation of Functions.**

Except for those powers reserved exclusively to the “agency itself” under the Administrative Procedure Act, Section 11500, et seq. of the Government Code, the division or the committee, as the case may be, delegates and confers upon the executive officer of the Committee, or in his or her absence, the executive director of the Board, all functions necessary to the dispatch of business of the division and Committee in connection with investigative and administrative proceedings under their jurisdiction.

NOTE: Authority cited: Sections 2018 and 3510, Business and Professions Code. Reference: Sections 3528 and 3529, Business and Professions Code.

HISTORY:

1. Amendment filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).



**1399.504. Prior Approval or Certification to Practice as a Physician's Assistant.**

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 2141, 3503, 3514, 3515, 3517, and 3519, Business and Professions Code.

HISTORY:

1. Renumbering and amendment to section 1399.520 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).

**1399.505. Prior Approval to Supervise.**

NOTE: Authority cited: Section 2018, Business and Professions Code.

HISTORY:

1. Repealer filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).

**1399.506. Filing of Applications.**

(a) Applications for licensure as a physician assistant shall be filed on a form provided by the committee at its Sacramento office and accompanied by the fee required in section 1399.550.

(b) Applications for approval to supervise a physician assistant shall be filed by the proposed physician-supervisor on a form provided by the division at its Sacramento office and accompanied by the fee required in sections 1399.553 or 1399.554.

(c) Applications for approval of programs for the education and training of physician's assistants shall be filed on a form provided by the committee at its Sacramento office and accompanied by the fee required in section 1399.556.

NOTE: Authority cited: Sections 2018, 3510 and 3514, Business and Professions Code. Reference: Sections 3509, 3513 and 3514, Business and Professions Code.

HISTORY:

1. Amendment file 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).
2. Change without regulatory effect filed 2-5-91 pursuant to section 100, title 1, California Code of Regulations (Register 91, No. 11).

**1399.507. Examination Required.**

The written examination for licensure as a physician assistant is that administered by the National Commission on Certification of Physician Assistants. Successful completion requires that the applicant have achieved the passing score established by the committee for that examination. It is the responsibility of the applicant to ensure that certification of his or her examination score is received by the committee.

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 851, 3515 and 3517, Business and Professions Code.

HISTORY:

1. Amendment filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).
2. Change without regulatory effect filed 2-5-91 pursuant to section 100, title 1, California Code of Regulations (Register 91, No. 11).

**1399.508. Interim Approval.**

(a) The committee may grant interim approval to an applicant for licensure as a physician assistant provided that the applicant provides evidence that he or she is a graduate of an approved program, and has applied for, and thereafter has taken, the first examination required by Section 1399.507 subsequent to the applicant's successful completion of the approved program. If the applicant fails the examination, the interim approval automatically terminates upon the applicant's receipt of notice of such failure from the committee or by the National Commission on Certification of Physician Assistants.

(b) An applicant who has been granted interim approval and who is subsequently notified by the National Commission on Certification of Physician Assistants or by the committee that he or she has passed the examination required in Section 1399.507 shall complete the licensure process by paying the initial licensure fee as requested within 90 days from notification that the applicant is now ready for licensure. If the applicant does not complete the licensure process by the end of the 90-day period, the interim approval shall automatically terminate.

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 3514 and 3517, Business and Professions Code.

HISTORY:

1. Amendment filed 9-2-83; effective thirtieth day thereafter (Register 83, No. 39).
2. Amendment and lettering of first paragraph to subsection (a) and new subsection (b) filed 9-15-89; operative 10-15-89 (Register 89, No. 38).



**1399.509. Billing for Medical Services Rendered by the Physician's Assistant.**

NOTE: Authority cited: Section 2018, Business and Professions Code.

HISTORY:

1. Repealer filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).

**1399.510. Patient Informed Consent.**

NOTE: Authority cited: Sections 2018 and 3510, Business and Professions Code. Reference: Sections 3502 and 3513, Business and Professions Code.

HISTORY:

1. Amendment filed 12-30-81; effective thirtieth day thereafter (Register 82, No. 1).
2. Renumbering and amendment to section 1399.538 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).

**1399.511. Notice of Change of Address.**

(a) Each person or approved program holding a license, approval or interim approval and each person or program who has an application on file with the board or the committee shall notify the committee at its office of any and all changes of mailing address within thirty (30) calendar days after each change, giving both the old and new address.

(b) If an address reported to the committee is a post office box, the licensee shall also provide the committee with a street address, but he or she may request that the second address not be disclosed to the public.

NOTE: Authority cited: Sections 3510 and 3514, Business and Professions Code. Reference: Sections 136, 3514 and 3522, Business and Professions Code.

HISTORY:

1. Change without regulatory effect filed 2-5-91 pursuant to section 100, title 1, California Code of Regulations (Register 91, No. 11).
2. Amendment of section and Note filed 6-7-2001; operative 7-1-2001 pursuant to Government Code section 11343.4 (Register 2001, No. 23.)

**1399.512. Review of Physician Assistant Applications; Processing Time.**

(a) The committee shall inform an applicant for licensure as a physician assistant in writing within 28 days of receipt of an application whether the application is complete and accepted for filing or is deficient and what specific information is required.

(b) The committee shall inform an applicant for licensure as a physician assistant within 10 days after completion of the application, of its decision whether the applicant meets the requirements for licensure. "Completion of the application" means that a completed application form together with all required information, documentation and fees have been filed by the applicant.

(c) The minimum, median and maximum processing time for an application for licensure/registration as a physician assistant from the time of receipt of the initial application until the committee makes a final decision on the application has been:

- |                   |          |
|-------------------|----------|
| (1) Minimum.....  | 4 days   |
| (2) Median .....  | 128 days |
| (3) Maximum ..... | 994 days |

(d) An applicant shall be deemed to have abandoned his or her licensure application if the application is not completed or if requested documents or information are not provided or if required fees are not paid, within one year from the date of filing or written request by the committee. An application submitted subsequent to an abandoned application shall be treated as a new application.

NOTE: Authority cited: Sections 3510 and 3514, Business and Professions Code; and Section 15376, Government Code. Reference: Section 3514, Business and Professions Code; and Section 15376, Government Code.

HISTORY:

1. New section filed 12-1-83; effective thirtieth day thereafter (Register 83, No. 49).
2. Change without regulatory effect filed 2-5-91 pursuant to section 100, title 1, California Code of Regulations (Register 91, No. 11).

**1399.513. Advertising.**

NOTE: Authority cited: Sections 651 and 3510, Business and Professions Code. Reference: Sections 651, 651.3 and 3527, Business and Professions Code.

HISTORY:

1. New section filed 4-10-80; effective thirtieth day thereafter (Register 80, No. 15).
2. Renumbering and amendment to section 1399.524 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).

**1399.514. Denial, Suspension or Revocation of a Physician’s Assistant’s Certificate.**

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Section 3527, Business and Professions Code.

HISTORY:

1. Renumbering to section 1399.521 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).

**1399.515. Denial, Suspension or Revocation of Approval to Supervise a Physician’s Assistant.**

NOTE: Authority cited: Section 3527, Business and Professions Code.

HISTORY:

1. Renumbering and amendment to section 1399.522 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).

**1399.516. Substantial Relationship Criteria.**

NOTE: Authority cited: Sections 481, 3510, and 3529, Business and Professions Code. Reference: Sections 480, 481, 490, 3527, 3529, and 3531, Business and Professions Code.

HISTORY:

1. Renumbering and amendment to section 1399.525 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).

**1399.517. Rehabilitation Criteria for Denials and Reinstatements.**

NOTE: Authority cited: Sections 482, 3510, and 3529, Business and Professions Code. Reference: Sections 480, 482, 490, 3527, 3529, and 3531, Business and Professions Code.

HISTORY:

1. Renumbering and amendment to section 1399.526 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).

**1399.518. Rehabilitation Criteria for Suspensions and Revocations.**

NOTE: Authority cited: Sections 482, 3510, and 3529, Business and Professions Code. Reference: Sections 480, 482, 490, 3527, 3529, and 3531, Business and Professions Code.

HISTORY:

1. Renumbering and amendment to section 1399.527 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).

**1399.519. Review of Applications for Approval as a Supervising Physician; Processing Time.**

(a) The committee shall inform in writing an applicant for approval as a supervising physician within 138 days of receipt of the initial application form whether the application is complete and accepted for filing or is deficient and what specific information is required.

(b) The committee shall inform an applicant for approval as a supervising physician within 155 days after completion of the application of its decision whether the applicant meets the requirements for approval. “Completion of the application” means that a completed application form together with all required information, documentation and fees have been filed by the applicant.

(c) The minimum, median and maximum processing times for an application for approval as a supervising physician from the time of receipt of the initial application until the committee makes a final decision on the application are:

- |                   |          |
|-------------------|----------|
| (1) Minimum.....  | 15 days  |
| (2) Median .....  | 55 days  |
| (3) Maximum ..... | 731 days |

NOTE: Authority cited: Sections 2018 and 3514, Business and Professions Code; and Section 15376, Government Code. Reference: Section 3514, Business and Professions Code; and Section 15376, Government Code.

HISTORY:

1. New section filed 10-3-83; effective thirtieth day thereafter (Register 83, No. 43).

**Article 2. Enforcement**

**1399.520. Practice as a Physician Assistant.**

No person shall practice as a physician assistant in this state unless he or she is a trainee, has been granted interim approval or is licensed to practice as a physician assistant by the committee.

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 2052, 2061, 3515 and 3517, Business and Professions Code.

HISTORY:

1. Repealer of former section 1399.520, and renumbering and amendment of former section 1399.504 to section 1399.520 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39). For prior history, see Register 79, No. 34.

2. Amendment of article 2 heading filed 7-18-85; effective thirtieth day thereafter (Register 85, No. 32).
3. Change without regulatory effect filed 2-5-91 pursuant to section 100, title 1, California Code of Regulations (Register 91, No. 11).

**1399.521. Denial, Suspension or Revocation of a Physician Assistant License.**

In addition to the grounds set forth in section 3527, subd. (a), of the code the committee may deny, issue subject to terms and conditions, suspend, revoke or place on probation a physician assistant for the following causes:

- (a) Any violation of the State Medical Practice Act which would constitute unprofessional conduct for a physician and surgeon.
- (b) Using fraud or deception in passing an examination administered or approved by the committee.
- (c) Practicing as a physician assistant under a physician or other person who has not received the approval of the board, or the Board of Osteopathic Examiners in the case of a supervising physician licensed by that board, to supervise a physician assistant.
- (d) Practicing as a physician assistant under a physician whose approval to supervise a physician assistant has been suspended or revoked.
- (e) Performing medical tasks which exceed the scope of practice of a physician assistant as prescribed in these regulations.

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Section 3527, Business and Professions Code.

**HISTORY:**

1. Repealer of former section 1399.521, and renumbering of former section 1399.514 to section 1399.521 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).
2. Change without regulatory effect filed 2-5-91 pursuant to section 100, Title 1, California Code of Regulations (Register 91, No. 11).

**1399.522. Denial, Suspension or Revocation of Approval to Supervise a Physician Assistant.**

In addition to the grounds set forth in section 3527, subd. (c), of the code, the board may deny, issue subject to terms and conditions, suspend, revoke or place on probation an approval to supervise a physician assistant for the following causes:

- (a) Failure to hold or maintain a current and valid physician's and surgeon's certificate.
- (b) The supervising physician by specialty or nature of practice is not sufficiently qualified to supervise the physician assistant.
- (c) The physician assistant supervised has rendered medical services not authorized by these regulations regardless of whether the supervising physician has knowledge of the acts performed.
- (d) Approval to supervise a physician assistant was procured by fraud or misrepresentation.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Section 3527, Business and Professions Code.

**HISTORY:**

1. Renumbering and amendment of former section 1399.522 to section 1399.545, and renumbering and amendment of former section 1399.515 to section 1399.522 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).
2. Change without regulatory effect filed 2-5-91 pursuant to section 100, title 1, California Code of Regulations (Register 91, No. 11).

**1399.523. Disciplinary Guidelines.**

In reaching a decision on a disciplinary action under the Administrative Procedures Act (Government Code Section 11400 et seq.), the Physician Assistant Examining Committee shall consider the disciplinary guidelines entitled "Physician Assistant Examining Committee Manual of Model Disciplinary Guidelines and Model Disciplinary Orders" adopted April 18, 1996 which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the Physician Assistant Examining Committee in its sole discretion determines that the facts of the particular case warrant such a deviation—for example: the presence of mitigating factors; the age of the case; evidentiary problems.

NOTE: Authority cited: Sections 3510, 3527, 3528, 3529, 3530, 3531, 3532 and 3533, Business and Professions Code; and Section 11400.21, Government Code. Reference: Section 11425.50(e), Government Code; and Sections 3527, 3528, 3529, 3530, 3531, 3532 and 3533, Business and Professions Code.

**HISTORY:**

1. New section filed 6-19-97; operative 6-19-97 pursuant to Government Code section 11343.4(d) (Register 97, No. 25). For prior history, see Register 83, No. 39.

**1399.524. Advertising.**

A licensed physician assistant may advertise the provisions of professional services authorized to be provided by such license in a manner authorized by Section 651 of the code so long as such advertising does not promote the excessive or unnecessary use of such services.

NOTE: Authority cited: Sections 651 and 3510, Business and Professions Code. Reference: Section 651, Business and Professions Code.

**HISTORY:**

1. Renumbering and amendment of former section 1399.524 to section 1399.530, and renumbering and amendment of former section 1399.513 to section 1399.524 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39). For prior history, see Registers 82, No. 1 and 79, No. 34.

**1399.525. Substantial Relationship Criteria.**

For the purposes of the denial, suspension or revocation of a license or approval pursuant to division 1.5 (commencing with section 475) of the code, a crime or act shall be considered to be substantially related to the qualifications, functions or duties of a person holding a license or approval under the Physician Assistant Practice Act if to a substantial degree it evidences present or potential unfitness of a person holding such a license or approval to perform the functions authorized by the license or approval in a manner consistent with the public health, safety or welfare. Such crimes or acts shall include, but are not limited to, the following:

- (a) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision or term of the Medical Practice Act.
- (b) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision or term of the Physician Assistant Practice Act.
- (c) A conviction of child abuse.
- (d) Conviction as a sex offender.
- (e) Any crime or act involving the sale, gift, administration, or furnishing of narcotics or dangerous drugs or dangerous devices, as defined in Section 4022 of the code.
- (f) Conviction for assault and/or battery.
- (g) Conviction of a crime involving lewd conduct, as defined by the Penal Code.
- (h) Conviction of a crime involving fiscal dishonesty.
- (i) Conviction for driving under the influence of drugs or alcohol.

NOTE: Authority cited: Sections 481, 2018 and 3510, Business and Professions Code. Reference cited: Sections 481, 3527 and 3531, Business and Professions Code.

**HISTORY:**

1. Renumbering and amendment of former section 1399.525 to section 1399.531, and renumbering and amendment of former section 1399.516 to section 1399.525 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39). For prior history, see Registers 82, No. 10 and 79, No. 34.
2. Change without regulatory effect filed 2-5-91 pursuant to section 100, title 1, California Code of Regulations (Register 91, No. 11).
3. Amendment of first paragraph and subsection (b) and new subsections (c)–(i) filed 5-9-2000; operative 6-8-2000 (Register 2000, No. 19).

**1399.526. Rehabilitation Criteria for Denials and Reinstatements.**

(a) When considering the denial of a license or approval under section 480 of the code, the committee or the board, as the case may be, in evaluating the rehabilitation of the applicant and his or her present eligibility for a license or approval, shall consider the following criteria:

- (1) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.
- (2) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial under section 480 of the code.
- (3) The time that has elapsed since commission of the act(s) or crime(s) referred to in subsection (a) or (b).
- (4) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.
- (5) Evidence, if any, of rehabilitation submitted by the applicant.

(b) When considering a petition for reinstatement of a license or approval under the provisions of section 11522 of the Government Code, the committee or board, as the case may be, shall evaluate evidence of rehabilitation submitted by the petitioner considering those criteria specified in this section.

NOTE: Authority cited: Sections 482, 2018 and 3510, Business and Professions Code. Reference: Sections 482, 3527 and 3531, Business and Professions Code.

HISTORY:

1. Renumbering and amendment of former section 1399.526 to section 1399.535, and renumbering and amendment of former section 1399.517 to section 1399.526, filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).
2. Change without regulatory effect filed 2-5-91 pursuant to section 100, title 1, California Code of Regulations (Register 91, No. 11).

### **1399.527. Rehabilitation Criteria for Suspensions and Revocations.**

When considering the suspension or revocation of a license or approval on the ground that a person holding a license or approval under the Physician Assistant Practice Act has been convicted of a crime, the committee or the board, as the case may be, in evaluating the rehabilitation of such person and his or her eligibility for a license or approval shall consider the following criteria:

- (a) The nature and severity of the act(s) or offense(s).
- (b) The total criminal record.
- (c) The time that has elapsed since commission of the act(s) or offense(s).
- (d) Whether the licensee has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against such person.
- (e) If applicable, evidence of expungement proceedings pursuant to section 1203.4 of the Penal Code.
- (f) Evidence, if any of rehabilitation submitted by the licensee.

NOTE: Authority cited: Sections 482, 2018 and 3510, Business and Professions Code. Reference: Sections 482, 3527 and 3531, Business and Professions Code.

HISTORY:

1. Renumbering and amendment of former section 1399.527 to section 1399.536, and renumbering and amendment of former section 1399.518 to section 1399.527 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).
2. Change without regulatory effect filed 2-5-91 pursuant to section 100, title 1, California Code of Regulations (Register 91, No. 11).

## **Article 3. Education and Training**

### **1399.528. Identification of a Primary Care Physician's Assistant and Trainees in Approved Programs.**

HISTORY:

1. Renumbering and amendment to section 1399.539 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).

### **1399.530. General Requirements for an Approved Program.**

(a) A program for instruction of physician assistants shall meet the following requirements for approval:

(1) The educational program shall be established in educational institutions accredited by an accrediting agency recognized by Council for Higher Education accreditation ("CHEA") or its successor organization, or the U.S. Department of Education, Division of Accreditation, which are affiliated with clinical facilities that have been evaluated by the educational program.

(2) The educational program shall develop an evaluation mechanism to determine the effectiveness of its theoretical and clinical program.

(3) Course work shall carry academic credit; however, an educational program may enroll students who elect to complete such course work without academic credit.

(4) The medical director of the educational program shall be a physician who holds a current license to practice medicine from any state or territory of the United States or, if the program is located in California, holds a current California license to practice medicine.

(5) The educational program shall require a three-month preceptorship for each student in the outpatient practice of a physician or equivalent experience which may be integrated throughout the program or may occur as the final part of the educational program in accordance with Sections 1399.535 and 1399.536.

(6) Each program shall submit an annual report regarding its compliance with this section on a form provided by the committee.

(b) Those educational programs accredited by the Commission on Accreditation of Allied Health Educational Programs (“CAAHEP”) shall be deemed approved by the committee. Nothing in this section shall be construed to prohibit the committee from disapproving an educational program which does not comply with the requirements of this article. Approval under this section terminates automatically upon termination of an educational program’s accreditation of CAAHEP.

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 3509 and 3513, Business and Professions Code.

HISTORY:

1. Renumbering and amendment of former section 1399.524 to section 1399.530 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).
2. Renumbering and amendment of former article 3 heading to article 4, redesignation of sections 1399.530–1399.532, 1399.535, 1399.536, 1399.538 and 1399.539 as new article 3, and amendment of section 1399.530(a) and (f) filed 7-18-85; effective thirtieth day thereafter (Register 85, No. 32).
3. Amendment filed 1-8-90; operative 2-7-90 (Register 90, No. 3).
4. Change without regulatory effect amending subsection (a) filed 7-25-94 pursuant to section 100, title 1, California Code of Regulations (Register 94, No. 30).
5. Amendment filed 11-21-2000; operative 12-21-2000 (Register 2000, No. 47).

**1399.531. Curriculum Requirements for an Approved Program for Primary Care Physician Assistants.**

(a) The curriculum of a program for instruction of primary care physician assistants shall include adequate theoretical instruction in or shall require as prerequisites to entry into the program the following basic education core:

- (1) Chemistry
- (2) Mathematics, which includes coursework in algebra
- (3) English
- (4) Anatomy and Physiology
- (5) Microbiology
- (6) Sociology or cultural anthropology
- (7) Psychology

All instruction in the basic education core shall be at the junior college level or its equivalent with the exception of chemistry which may be at the junior college or high school level.

(b) The curriculum of an educational program shall also include or require as prerequisites adequate theoretical and clinical instruction which includes direct patient contact where appropriate, in the following clinical science core:

- (1) Community Health and Preventive Medicine
- (2) Mental Health
- (3) History taking and physical diagnosis
- (4) Management of common diseases (acute, chronic, and emergent) including first aid
- (5) Concepts in clinical medicine and surgery, such as:
  - growth and development
  - nutrition
  - aging
  - infection
  - allergy and sensitivity
  - tissue healing and repair
  - oncology
- (6) Common laboratory and screening techniques



- (7) Common medical and surgical procedures
- (8) Therapeutics, including pharmacology
- (9) Medical ethics and law
- (10) Medical socioeconomics
- (11) Counseling techniques and interpersonal dynamics

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference cited: Sections 3509 and 3513, Business and Professions Code.

HISTORY:

1. Renumbering and amendment of former Section 1399.525 to Section 1399.531 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).
2. Amendment filed 1-8-90; operative 2-7-90 (Register 90, No. 3).
3. Repealer of subsection (a)(1), subsection renumbering, amendment of paragraph preceeding subsection (b) and repealer of subsection (c) filed 11-21-2000; operative 12-21-2000 (Register 2000, No.47).

**1399.532. Requirements for an Approved Program for the Specialty Training of Physician Assistants.**

A program for the specialty training of physician assistants shall meet the general requirements of Section 1399.530, except that a specialty training program need not be located in an educational institution and need not provide academic credit for its coursework, and shall either

- (a) accept only trainees who have completed a primary care training program; or,
- (b) provide the curriculum set forth in Section 1399.531 in addition to any specialty instruction it may provide.

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 3509 and 3513, Business and Professions Code.

HISTORY:

1. New section filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).
2. Amendment filed 3-17-87; effective thirtieth day thereafter (Register 87, No. 12).

**1399.535. Requirements for Preceptorship Training.**

An approved program shall have a preceptorship training program which meets the following criteria:

- (a) Continuous orientation of preceptors to the goals and purposes of the total educational program as well as the preceptorship training;
- (b) Establishment of a program whereby the preceptor shall not be the sole person responsible for the clinical instruction or evaluation of the preceptee.

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 3509 and 3513, Business and Professions Code.

HISTORY:

1. Renumbering and amendment of former section 1399.526 to section 1399.535 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).

**1399.536. Requirements for Preceptors.**

- (a) Preceptors participating in the preceptorship of an approved program shall:

- (1) Be licensed physicians who are engaged in the practice of medicine which practice is sufficient to adequately expose preceptees to a full range of experience. The practice need not be restricted to an office setting but may take place in licensed facilities, such as hospitals, clinics, etc.

- (2) Not have had the privilege to practice medicine terminated, suspended, or otherwise restricted as a result of a final disciplinary action (excluding judicial review of that action) by any state medical board or any agency of the federal government, including the military, within 5 years immediately preceding his or her participation in a preceptorship.

- (3) By reason of medical education, specialty and nature of practice be sufficiently qualified to teach and supervise preceptees.

- (4) Not be assigned to supervise more than one preceptee at a time.

- (5) Teach and supervise the preceptee in accordance with the provisions and limitations of sections 1399.540 and 1399.541.

(6) Shall in conjunction with his or her use of a preceptee, charge a fee for only those personal and identifiable services which he or she, the preceptor, renders. The services of the preceptee shall be considered as part of the global services provided and there shall be no separate billing for the services rendered by the preceptee.

(7) Obtain the necessary patient consent as required in section 1399.538.

(b) It shall be the responsibility of the approved program to assure that preceptors comply with the foregoing requirements.

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 3509 and 3513, Business and Professions Code.

HISTORY:

1. Renumbering and amendment of former section 1399.527 to section 1399.536 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).
2. Change without regulatory effect filed 2-5-91 pursuant to section 100, title 1, California Code of Regulations (Register 91, No. 11).
3. Amendment of subsection (a)(2) filed 11-21-2000; operative 12-21-2000 (Register 2000, No. 47).

### **1399.538. Patient Informed Consent.**

No trainee including preceptees in any approved program shall render general medical services to any patient except in emergencies unless said patient has been informed that such services will be rendered by that trainee. In cases where the medical service to be rendered by the trainee is surgical in nature or where the trainee is to assist in a surgical procedure except in emergencies, the patient on each occasion shall be informed of the procedure to be performed by that trainee under the supervision of the program's instructors or physician preceptors and have consented in writing prior to performance to permit such rendering of the surgical procedure by the trainee.

It shall be the responsibility of the approved educational program to assure that the instructors or physician preceptors obtain the necessary consent.

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Section 3513, Business and Professions Code.

HISTORY:

1. Renumbering and amendment of former section 1399.510 to section 1399.538 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).

### **1399.539. Identification of Trainees in Approved Programs.**

A trainee enrolled in an approved program for physician assistants shall at all times wear an identification badge on an outer garment and in plain view, which states the student's name and the title:

PHYSICIAN ASSISTANT STUDENT

or

PHYSICIAN ASSISTANT TRAINEE

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 3509 and 3513, Business and Professions Code.

HISTORY:

1. Renumbering and amendment of former section 1399.528 to section 1399.539 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).

## **Article 4. Practice of Physician Assistants**

### **1399.540. Limitation on Medical Services.**

A physician assistant may only provide those medical services which he or she is competent to perform and which are consistent with the physician assistant's education, training, and experience, and which are delegated in writing by a supervising physician who is responsible for the patients cared for by that physician assistant. The committee or division or their representative may require proof or demonstration of competence from any physician assistant for any tasks, procedures or management he or she is performing. A physician assistant shall consult with a physician regarding any task, procedure or diagnostic problem which the physician assistant determines exceeds his or her level of competence or shall refer such cases to a physician.

NOTE: Authority cited: Sections 2018, 3502 and 3510, Business and Professions Code. Reference: Section 3502, Business and Professions Code.



## HISTORY:

1. Repealer and new section filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39). For prior history, see Register 79, No. 34.
2. Amendment filed 7-12-85; effective thirtieth day thereafter (Register 85, No. 28).
3. Renumbering and amendment of former article 3 (sections 1399.540–1399.545, not consecutive) to article 4 filed 7-18-85; effective thirtieth day thereafter (Register 85, No. 32).

**1399.541. Medical Services Performable.**

Because physician assistant practice is directed by a supervising physician, and a physician assistant acts as an agent for that physician, the orders given and tasks performed by a physician assistant shall be considered the same as if they had been given and performed by the supervising physician. Unless otherwise specified in these regulations or in the delegation or protocols, these orders may be initiated without the prior patient specific order of the supervising physician.

In any setting, including for example, any licensed health facility, out-patient settings, patients' residences, residential facilities, and hospices, as applicable, a physician assistant may, pursuant to a delegation and protocols where present:

(a) Take a patient history; perform a physical examination and make an assessment and diagnosis therefrom; initiate, review and revise treatment and therapy plans including plans for those services described in Section 1399.541(b) through Section 1399.541(i) inclusive; and record and present pertinent data in a manner meaningful to the physician.

(b) Order or transmit an order for x-ray, other studies, therapeutic diets, physical therapy, occupational therapy, respiratory therapy, and nursing services.

(c) Order, transmit an order for, perform, or assist in the performance of laboratory procedures, screening procedures and therapeutic procedures.

(d) Recognize and evaluate situations which call for immediate attention of a physician and institute, when necessary, treatment procedures essential for the life of the patient.

(e) Instruct and counsel patients regarding matters pertaining to their physical and mental health. Counseling may include topics such as medications, diets, social habits, family planning, normal growth and development, aging, and understanding of and long-term management of their diseases.

(f) Initiate arrangements for admissions, complete forms and charts pertinent to the patient's medical record, and provide services to patients requiring continuing care, including patients at home.

(g) Initiate and facilitate the referral of patients to the appropriate health facilities, agencies, and resources of the community.

(h) Administer medication to a patient, or transmit orally, or in writing on a patient's record, a prescription from his or her supervising physician to a person who may lawfully furnish such medication or medical device. The supervising physician's prescription, transmitted by the physician assistant, for any patient cared for by the physician assistant, shall be based either on a patient-specific order by the supervising physician or on written protocol which specifies all criteria for the use of a specific drug or device and any contraindications for the selection. A physician assistant shall not provide a drug or transmit a prescription for a drug other than that drug specified in the protocol, without a patient-specific order from a supervising physician. At the direction and under the supervision of a physician supervisor, a physician assistant may hand to a patient of the supervising physician a properly labeled prescription drug prepackaged by a physician, a manufacturer, as defined in the Pharmacy Law, or a pharmacist. In any case, the medical record of any patient cared for by the physician assistant for whom the physician's prescription has been transmitted or carried out shall be reviewed and countersigned and dated by a supervising physician within seven (7) days. A physician assistant may not administer, provide or transmit a prescription for controlled substances in Schedules II through V inclusive without patient-specific authority by a supervising physician.

(i) (1) Perform surgical procedures without the personal presence of the supervising physician which are customarily performed under local anesthesia. Prior to delegating any such surgical procedures, the supervising physician shall review documentation which indicates that the physician assistant is trained to perform the surgical procedures. All other surgical procedures requiring other forms of anesthesia may be performed by a physician assistant only in the personal presence of an approved supervising physician.

(2) A physician assistant may also act as first or second assistant in surgery under the supervision of an approved supervising physician.

NOTE: Authority cited: Sections 2018, 3502 and 3510, Business and Professions Code. Reference: Sections 2058 and 3502, Business and Professions Code.

HISTORY:

1. Repealer of former section 1399.541 and renumbering and amendment of former section 1399.523 to section 1399.541 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39). For prior history, see Registers 82, No. 10; 80, No. 6; and 79, No. 34.
2. Amendment of subsection (h) filed 7-12-85; effective thirtieth day thereafter (Register 85, No. 28).
3. Amendment of subsection (f) filed 8-24-89; operative 9-23-89 (Register 89, No. 36).
4. Amendment filed 1-28-92; operative 2-27-92 (Register 92, No. 12).
5. Editorial correction of printing error in first paragraph (Register 92, No. 27).

### **1399.542. Delegated Procedures.**

The delegation of procedures to a physician assistant under Section 1399.541, subsections (b) and (c) shall not relieve the supervising physician of primary continued responsibility for the welfare of the patient.

NOTE: Authority cited: Sections 2018 and 3502, Business and Professions Code. Reference: Section 3502, Business and Professions Code.

HISTORY:

1. Repealer and new section filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).

### **1399.543. Training to Perform Additional Medical Services.**

A physician assistant may be trained to perform medical services which augment his or her current areas of competency in the following settings:

(a) In the physical presence of an approved supervising physician who is directly in attendance and assisting the physician assistant in the performance of the procedure;

(b) In an approved program;

(c) In a medical school approved by the Division of Licensing under Section 1314;

(d) In a residency or fellowship program approved by the Division of Licensing under Section 1321;

(e) In a facility or clinic operated by the Federal government;

(f) In a training program which leads to licensure in a healing arts profession or is approved as Category I continuing medical education or continuing nursing education by the Board of Registered Nursing.

NOTE: Authority cited: Sections 2018 and 3502, Business and Professions Code. Reference: Section 3502, Business and Professions Code.

HISTORY:

1. New section filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).
2. Amendment of first paragraph filed 1-28-92; operative 2-27-92 (Register 92, No. 12).

### **1399.545. Supervision Required.**

(a) A supervising physician shall be available in person or by electronic communication at all times when the physician assistant is caring for patients.

(b) A supervising physician shall delegate to a physician assistant only those tasks and procedures consistent with the supervising physician's specialty or usual and customary practice and with the patient's health and condition.

(c) A supervising physician shall observe or review evidence of the physician assistant's performance of all tasks and procedures to be delegated to the physician assistant until assured of competency.

(d) The physician assistant and the supervising physician shall establish in writing transport and back-up procedures for the immediate care of patients who are in need of emergency care beyond the physician assistant's scope of practice for such times when a supervising physician is not on the premises.

(e) A physician assistant and his or her supervising physician shall establish in writing guidelines for the adequate supervision of the physician assistant which shall include one or more of the following mechanisms:

(1) Examination of the patient by a supervising physician the same day as care is given by the physician assistant;

(2) Countersignature and dating of all medical records written by the physician assistant within thirty (30) days that the care was given by the physician assistant;

(3) The supervising physician may adopt protocols to govern the performance of a physician assistant for some or all tasks. The minimum content for a protocol governing diagnosis and management as referred to in this section shall include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education to be given the patient. For protocols governing procedures, the protocol shall state the information to be given the patient, the nature of the consent to be obtained from the patient, the preparation and technique of the procedure, and the follow-up care. Protocols shall be developed by the physician, adopted from, or referenced to, texts or other sources. Protocols shall be signed and dated by the supervising physician and the physician assistant. The supervising physician shall review, countersign, and date a minimum of 10% sample of medical records of patients treated by the physician assistant functioning under these protocols within thirty (30) days. The physician shall select for review those cases which by diagnosis, problem, treatment or procedure represent, in his or her judgment, the most significant risk to the patient;

(4) Other mechanisms approved in advance by the committee.

(f) In the case of a physician assistant operating under interim approval, the supervising physician shall review, sign and date the medical record of all patients cared for by that physician assistant within seven (7) days if the physician was on the premises when the physician assistant diagnosed or treated the patient. If the physician was not on the premises at that time, he or she shall review, sign and date such medical records within 48 hours of the time the medical services were provided.

(g) The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the physician assistant does not function autonomously. The supervising physician shall be responsible for all medical services provided by a physician assistant under his or her supervision.

NOTE: Authority cited: Sections 2018, 3502 and 3510, Business and Professions Code. Reference: Sections 3502 and 3516, Business and Professions Code.

HISTORY:

1. Renumbering and amendment of former section 1399.522 to section 1399.545 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).
2. Amendment filed 7-12-85; effective thirtieth day thereafter (Register 85, No. 28).
3. Amendment of subsection (e)(3) and repealer of subsection (g) and relettering filed 1-28-92; operative 2-27-92 (Register 92, No. 12).

### **1399.546. Reporting of Physician Assistant Supervision.**

Each time a physician assistant provides care for a patient and enters his or her name, signature, initials, or computer code on a patient's record, chart or written order, the physician assistant shall also enter the name of his or her approved supervising physician who is responsible for the patient. When a physician assistant transmits an oral order, he or she shall also state the name of the supervising physician responsible for the patient.

NOTE: Authority cited: Sections 2018 and 3510, Business and Professions Code. Reference: Section 3502, Business and Professions Code.

HISTORY:

1. New section filed 1-4-87; effective thirtieth day thereafter (Register 87, No. 3).
2. Change without regulatory effect filed 2-5-91 pursuant to section 100, title 1, California Code of Regulations (Register 91, No. 11).

## **Article 5. Fees**

### **1399.550. Physician Assistant Fees.**

The following fees for physician assistants are established:

(a) The application fee shall be \$25.00.

(b) The initial license fee shall be \$100.00. The fee for an initial license issued on or after July 1, 2000 shall be \$150.00. The fee for an initial license issued on or after July 1, 2002 shall be \$200.00.

(c) The biennial renewal fee shall be \$150.00. The fee for renewal of a license that expires on or after July 1, 2000 shall be \$250.00. The fee for renewal of a license that expires on or after July 1, 2002 shall be \$300.00.

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 3513, 3521 and 3521.1, Business and Professions Code.

HISTORY:

1. Repealer of article 4 designation and former section 1399.550, renumbering of former section 1399.612 to section 1399.550, and redesignation of new section 1399.550 to article 3 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).
2. Redesignation of sections 1399.550–1399.554 as article 5 (Register 85, No. 32). For history of former article 5 (sections 1399.560–1399.565), see Register 83, No. 39.
3. Change without regulatory effect filed 2-5-91 pursuant to section 100, title 1, California Code of Regulations (Register 91, No. 11).
4. Amendment of section and note filed 5-11-2000; operative 6-10-2000 (Register 2000, No. 19).

### **1399.551. Waiver of Initial License Fee.**

Pursuant to section 3523 of the Code, the initial physician assistant license fee shall be waived in the event the license issued will expire less than 45 days from the date on which it was issued.

NOTE: Authority cited: Sections 3510 and 3523, Business and Professions Code. Reference: Section 3523, Business and Professions Code.

HISTORY:

1. Repealer of former section 1399.551, renumbering and amendment of former section 1399.613 to section 1399.551, and redesignation of new section 1399.551 to article 3 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).
2. Change without regulatory effect filed 2-5-91 pursuant to section 100, title 1, California Code of Regulations (Register 91, No. 11).

### **1399.552. Conversion Renewal Schedule.**

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 3521.1 and 3523, Business and Professions Code.

HISTORY:

1. Repealer filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).
2. New section filed 3-28-84; effective thirtieth day thereafter (Register 84, No. 13).
3. Repealer filed 2-6-91 pursuant to section 100, title 1, California Code of Regulations (Register 91, No. 11).

### **1399.553. Physician Supervisor Fees.**

The following fees for the supervision of physician assistants are established:

(a) For each physician application filed on or after July 1, 1994, the application fee shall be \$25.00.

(b) For each application for approval filed on or after July 1, 1996, the approval fee shall be \$50.00. For each application for approval filed on or after July 1, 2000, the approval fee shall be \$10.00. For each application for approval filed on or after January 1, 2001, the approval fee shall be zero.

(c) For each physician supervisor approval expiring on or after July 1, 1996, the biennial renewal fee shall be \$75.00. For each physician supervisor approval expiring on or after July 1, 2000, the biennial renewal fee shall be \$35.00. For each physician supervisor approval expiring on or after January 1, 2001, the biennial renewal fee shall be zero.

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Section 3521, Business and Professions Code.

HISTORY:

1. Repealer of former section 1399.553, renumbering of former section 1399.610 to section 1399.553, and redesignation of new section 1399.553 to article 3 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39). For prior history, see Registers 82, No. 2; 80, No. 15; 79, No. 34; and 78, No. 17.
2. Amendment filed 3-28-84; effective thirtieth day thereafter (Register 84, No. 13).
3. Change without regulatory effect filed 2-5-91 pursuant to section 100, title 1, California Code of Regulations (Register 91, No. 11).
4. Amendment of subsections (b) and (c) filed 6-13-91; operative 7-13-91 (Register 91, No. 35).
5. Amendment filed 6-3-94; operative 7-5-94 (Register 94, No. 22).
6. Amendment of subsections (b) and (c) filed 7-29-96; operative 7-29-96 pursuant to Government Code 11343.4(d) (Register 96, No. 31).
7. Amendment filed 5-11-2000; operative 6-10-2000 (Register 2000, No. 19).

### **1399.554. Physician Supervisor Fees—Residents and Fellows.**

(a) The following fees apply in lieu of those fees required in Section 1399.553 for each physician who is a supervisor of physician assistants who is a full time resident or fellow in a medical residency or medical fellowship program in California:

- (1) The application fee shall be \$25.00.

(2) There shall be no approval or biennial renewal fee.

(b) At least one member of the active staff or faculty of the residency or fellowship program in which the applicant is participating shall be a physician who has a current and valid approval to supervise physician assistants issued by the division.

(c) If a physician supervises physician assistants outside the residency or fellowship program, he or she shall pay the fees set forth in Section 1399.553.

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Section 3521, Business and Professions Code.

HISTORY:

1. New section filed 7-18-85; effective thirtieth day thereafter (Register 85, No. 32). For prior history, see Register 84, No. 13.

### **1399.555. Expiration Date of Approvals.**

Notwithstanding Section 3522 of the code and in accordance with Section 152.6 of the code, physician's approvals to supervise shall expire on May 31 of each even-numbered year if not renewed.

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Section 152.6, Business and Professions Code.

HISTORY:

1. Renumbering of former section 1399.615 to section 1399.555 and amendment of section heading filed 7-18-85; effective thirtieth day thereafter (Register 85, No. 32). For prior history, see Register 84, No. 13.

### **1399.556. Program Fees.**

The following fees for physician assistants training programs are established:

(a) The application fee for program approval shall be \$75.00. On and after July 1, 2001, the application fee for program approval shall be \$5.00.

(b) The initial approval fee shall be \$25.00. On and after July 1, 2001, the initial approval fee shall be \$5.00.

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Section 3521.2, Business and Professions Code.

HISTORY:

1. Repealer of former section 1399.556, renumbering of former section 1399.614 to section 1399.556, and redesignation of new section 1399.556 to article 3 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39). For prior history, see Register 79, No. 34.
2. Amendment filed 3-28-84; effective thirtieth day thereafter (Register 84, No. 13).
3. Change without regulatory effect filed 2-5-91 pursuant to section 100, title 1, California Code of Regulations (Register 91, No. 11).
4. Amendment of section and Note filed 6-7-2001; operative 7-1-2001 pursuant to Government Code section 11343.4 (Register 2001, No. 23).

### **1399.560. Definition of an Emergency Care Physician's Assistant.**

NOTE: Authority cited: Section 3510, Business and Professions Code.

HISTORY:

1. Repealer of article 5 (sections 1399.560–1399.565) filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39). For prior history, see Registers 82, No. 2; 80, No. 15; 79, No. 34; and 78, No. 17.

## **Article 6. Citations and Fines**

### **1399.570. Authority to Issue Citations and Fines.**

(a) For purposes of this article, "executive officer" shall mean the executive officer of the committee.

(b) The executive officer is authorized to determine when and against whom a citation will be issued and to issue citations containing orders of abatement and fines for violations by a licensed physician assistant of the statutes and regulations referred to in Section 1399.571.

(c) A citation shall be issued whenever any fine is levied or any order of abatement is issued. Each citation shall be in writing and shall describe with particularity the nature and facts of the violation, including a reference to the statute or regulations alleged to have been violated. The citation shall be served upon the individual personally or by certified mail return receipt requested.

NOTE: Authority cited: Sections 125.9, 148 and 3510, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

HISTORY:

1. Repealer of article 6 (sections 1399.570–1399.576) filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39). For prior history, see Registers 82, No. 2; 80, No. 15; and 79, No. 34).
2. New article 6 (sections 1399.570–1399.574) and section filed 2-21-96; operative 3-22-96 (Register 96, No. 8).



**1399.571. Citable Offenses.**

The amount of any fine to be levied by the executive officer shall take into consideration the factors listed in subdivision (b)(3) of Section 125.9 of the code and also the extent to which such person has mitigated or attempted to mitigate any damage or injury caused by the violation. The fine shall be within the range set forth below.

(a) The executive officer may issue a citation under section 1399.570 for a violation of the provisions listed in this section. The fine for a violation of the following code sections shall be from \$100 to \$2500.

- (1) Business and Professions Code Section 125
- (2) Business and Professions Code Section 125.6
- (3) Business and Professions Code Section 475(a)(1)
- (4) Business and Professions Code Section 490
- (5) Business and Professions Code Section 496
- (6) Business and Professions Code Section 580
- (7) Business and Professions Code Section 581
- (8) Business and Professions Code Section 582
- (9) Business and Professions Code Section 583
- (10) Business and Professions Code Section 584
- (11) Business and Professions Code Section 650
- (12) Business and Professions Code Section 650.1
- (13) Business and Professions Code Section 651
- (14) Business and Professions Code Section 654
- (15) Business and Professions Code Section 654.1
- (16) Business and Professions Code Section 654.2
- (17) Business and Professions Code Section 655.5
- (18) Business and Professions Code Section 655.6
- (19) Business and Professions Code Section 810.
- (20) Business and Professions Code Section 2021.
- (21) Business and Professions Code Section 2052
- (22) Business and Professions Code Section 2054
- (23) Business and Professions Code Section 2234(a)
- (24) Business and Professions Code Section 2234(e)
- (25) Business and Professions Code Section 2236
- (26) Business and Professions Code Section 2242
- (27) Business and Professions Code Section 2250
- (28) Business and Professions Code Section 2252
- (29) Business and Professions Code Section 2253
- (30) Business and Professions Code Section 2254
- (31) Business and Professions Code Section 2255
- (32) Business and Professions Code Section 2256
- (33) Business and Professions Code Section 2257
- (34) Business and Professions Code Section 2258
- (35) Business and Professions Code Section 2261
- (36) Business and Professions Code Section 2262
- (37) Business and Professions Code Section 2263
- (38) Business and Professions Code Section 2264
- (39) Business and Professions Code Section 2271
- (40) Business and Professions Code Section 2272

- (41) Business and Professions Code Section 2273
- (42) Business and Professions Code Section 2274
- (43) Business and Professions Code Section 2285
- (44) Business and Professions Code Section 2287
- (45) Business and Professions Code Section 2289
- (46) Business and Professions Code Section 2400
- (47) Business and Professions Code Section 2415
- (48) Business and Professions Code Section 3502
- (49) Business and Professions Code Section 3502.1
- (50) Business and Professions Code Section 3541
- (51) Business and Professions Code Section 3542
- (52) Business and Professions Code Section 3543
- (53) Business and Professions Code Section 3544
- (54) Business and Professions Code Section 3545
- (55) Business and Professions Code Section 17500
- (56) Health and Safety Code Section 102795
- (57) Health and Safety Code Section 102800
- (58) Health and Safety Code Section 11190
- (59) Health and Safety Code Section 11191
- (60) Health and Safety Code Section 11215
- (61) Title 16 Cal. Code Regs. 1399.511
- (62) Title 16 Cal. Code Regs. 1399.521
- (63) Title 16 Cal. Code Regs. 1399.524
- (64) Title 16 Cal. Code Regs. 1399.538
- (65) Title 16 Cal. Code Regs. 1399.539
- (66) Title 16 Cal. Code Regs. 1399.540
- (67) Title 16 Cal. Code Regs. 1399.541
- (68) Title 16 Cal. Code Regs. 1399.543
- (69) Title 16 Cal. Code Regs. 1399.545
- (70) Title 16 Cal. Code Regs. 1399.546

(b) In his or her discretion, the executive officer may issue a citation with an order of abatement without levying a fine for the first violation of any provision set forth above.

NOTE: Authority cited: Sections 125.9, 148 and 3510, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

HISTORY:

1. New section filed 2-21-96; operative 3-22-96 (Register 96, No. 8).

### **1399.572. Compliance with Orders of Abatement**

(a) If a cited person who has been issued an order of abatement is unable to complete the correction within the time set forth in the citation because of conditions beyond his or her control after the exercise of reasonable diligence, the person cited may request an extension of time in which to complete the correction from the executive officer. Such a request shall be in writing and shall be made within the time set forth for abatement.

(b) When an order of abatement is not contested or if the order is repealed and the person cited does not prevail, failure to abate the violation charged within the time allowed shall constitute a violation and a failure to comply with the order of abatement. An order of abatement shall either be personally served or mailed by certified mail, return receipt requested. The time allowed for the abatement of a violation shall begin when the order of abatement is final and has been served or



received. Such failure may result in disciplinary action being taken by the committee or other appropriate judicial relief being taken against the person cited.

NOTE: Authority cited: Sections 125.9, 148 and 3510, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

HISTORY:

1. New section filed 2-21-96; operative 3-22-96 (Register 96, No. 8).

### **1399.573. Citations for Unlicensed Practice.**

The executive officer is authorized to determine when and against whom a citation will be issued and to issue citations containing orders of abatement and fines against persons, partnerships, corporations or associations who are performing or who have performed services for which licensure as a physician assistant is required under the Physician Assistant Practice Act. The executive officer is authorized to issue citations and orders of abatement and levy fines only in the case of (a) a physician assistant who has practiced with a delinquent license or (b) an applicant for licensure who practices as an interim approved physician assistant beyond the scope of such approval. Each citation issued shall contain an order of abatement. Where appropriate, the executive officer shall levy a fine for such unlicensed activity in accordance with subdivision (b)(3) of Section 125.9 of the code. The provisions of Sections 1399.570 and 1399.572 shall apply to the issuance of citations for unlicensed activity under this subsection. The sanction authorized under this section shall be separate from and in addition to any other civil or criminal remedies.

NOTE: Authority cited: Sections 125.9, 148 and 3510, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

HISTORY:

1. New section filed 2-21-96; operative 3-22-96 (Register 96, No. 8).

### **1399.574. Contest of Citations.**

(a) In addition to requesting a hearing as provided for in subdivision (b)(4) of Section 125.9 of the code, the person cited may, within 15 calendar days after service of the citation, notify the executive officer in writing of his or her request for an informal conference with the executive officer regarding the acts charged in the citation. The time allowed for the request shall begin the first day after the citation has been served.

(b) The executive officer shall, within 30 calendar days from the receipt of the request, hold an informal conference with the person cited and/or his or her legal counsel or authorized representative. The conference may be held telephonically. At the conclusion of the informal conference the executive officer may affirm, modify or dismiss the citation, including any fine levied or order of abatement issued. The executive officer shall state in writing the reasons for his or her action and serve or mail a copy of his or her findings and decision to the person cited within 15 calendar days from the date of the informal conference, as provided in subsection (b) of section 1399.572. This decision shall be deemed to be a final order with regard to the citation issued, including the fine levied and the order of abatement.

(c) The person cited does not waive his or her request for a hearing to contest a citation by requesting an informal conference after which the citation is affirmed by the executive officer. If the citation is dismissed after the informal conference, the request for a hearing on the matter of the citation shall be deemed to be withdrawn. If the citation, including any fine levied or order of abatement, is modified, the citation originally issued shall be considered withdrawn and a new citation issued. If a hearing is requested for the subsequent citation, it shall be requested within 30 calendar days in accordance with subdivision (b)(4) of Section 125.9 of the code.

NOTE: Authority cited: Sections 125.9, 148 and 3510, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

HISTORY:

1. New section filed 2-21-96; operative 3-22-96 (Register 96, No. 8).

## **Article 7. Women's Health Care Physician's Assistants**

NOTE: Authority cited: Section 3510, Business and Professions Code.

HISTORY:

1. Repealer of article 7 (sections 1399.580–1399.586, not consecutive) filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39). For prior history, see Registers 82, No. 2; 80, No. 15; 79, No. 34; and 78, Nos. 34 and 17.

### **1399.610. Physician Supervisor Fees.**

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 3509, 3513 and 3521, Business and Professions Code.

HISTORY:

1. New article 10 (sections 1399.610–1399.614) filed 2-15-78 as an emergency; effective upon filing. Certificate of Compliance included (Register 78, No. 7).
2. Amendment of subsections (b) and (c) filed 9-22-78; effective thirtieth day thereafter (Register 78, No. 38).
3. Amendment filed 10-25-79; effective thirtieth day thereafter (Register 79, No. 43).
4. Amendment filed 5-17-82; effective upon filing pursuant to Government Code section 11346.2(d) (Register 82, No. 21).
5. Renumbering to section 1399.553 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).
6. Repealer of article 10 heading filed 7-18-85; effective thirtieth day thereafter (Register 85, No. 32).

### **1399.611. Physician Supervisor—Emergency Care Service Program.**

HISTORY:

1. Renumbering and amendment to section 1399.554 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).

### **1399.612. Physician's Assistant Fees.**

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 3513 and 3521, Business and Professions Code.

HISTORY:

1. Amendment filed 10-25-79; effective thirtieth day thereafter (Register 79, No. 43).
2. Amendment filed 5-17-82; effective upon filing pursuant to Government Code section 11346.2(d) (Register 82, No. 21).
3. Renumbering to section 1399.550 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).

### **1399.613. Waiver of Initial Certification Fee.**

NOTE: Specific Reference: Section 3523, Business and Professions Code.

HISTORY:

1. Renumbering and amendment to section 1399.551 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).

### **1399.614. Program Fees.**

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 3509, 3513 and 3521, Business and Professions Code.

HISTORY:

1. Amendment of subsection (b) filed 8-23-79; effective thirtieth day thereafter (Register 79, No. 34).
2. Renumbering to section 1399.556 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).

### **1399.615. Expiration Date of Certificates and Approvals.**

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Section 152.6, Business and Professions Code.

HISTORY:

1. New section filed 5-17-82; effective upon filing pursuant to Government Code section 11346.2(d) (Register 82, No. 21).
2. Amendment filed 3-28-84; effective thirtieth day thereafter (Register 84, No. 13).
3. Renumbering of section 1399.615 to section 1399.555 filed 7-18-85; effective thirtieth day thereafter (Register 85, No. 32).



## Excerpts From the California Penal Code

**11160.** (a) Any health practitioner employed in a health facility, clinic, physician's office, local or state public health department, or a clinic or other type of facility operated by a local or state public health department who, in his or her professional capacity or within the scope of his or her employment, provides medical services for a physical condition to a patient whom he or she knows or reasonably suspects is a person described as follows, shall immediately make a report in accordance with subdivision (b):

(1) Any person suffering from any wound or other physical injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm.

(2) Any person suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct.

(b) Any health practitioner employed in a health facility, clinic, physician's office, local or state public health department, or a clinic or other type of facility operated by a local or state public health department shall make a report regarding persons described in subdivision (a) to a local law enforcement agency as follows:

(1) A report by telephone shall be made immediately or as soon as practically possible.

(2) A written report shall be prepared and sent to a local law enforcement agency within two working days of receiving the information regarding the person.

(3) A local law enforcement agency shall be notified and a written report shall be prepared and sent pursuant to paragraphs (1) and (2) even if the person who suffered the wound, other injury, or assaultive or abusive conduct has expired, regardless of whether or not the wound, other injury, or assaultive or abusive conduct was a factor contributing to the death, and even if the evidence of the conduct of the perpetrator of the wound, other injury, or assaultive or abusive conduct was discovered during an autopsy.

(4) The report shall include, but shall not be limited to, the following:

(A) The name of the injured person, if known.

(B) The injured person's whereabouts.

(C) The character and extent of the person's injuries.

(D) The identity of any person the injured person alleges inflicted the wound, other injury, or assaultive or abusive conduct upon the injured person.

(c) For the purposes of this section, "injury" shall not include any psychological or physical condition brought about solely through the voluntary administration of a narcotic or restricted dangerous drug.

(d) For the purposes of this section, "assaultive or abusive conduct" shall include any of the following offenses:

(1) Murder, in violation of Section 187.

(2) Manslaughter, in violation of Section 192 or 192.5.

(3) Mayhem, in violation of Section 203.

(4) Aggravated mayhem, in violation of Section 205.

(5) Torture, in violation of Section 206.

(6) Assault with intent to commit mayhem, rape, sodomy, or oral copulation, in violation of Section 220.

(7) Administering controlled substances or anesthetic to aid in commission of a felony, in violation of Section 222.

(8) Battery, in violation of Section 242.

(9) Sexual battery, in violation of Section 243.4.

(10) Incest, in violation of Section 285.

(11) Throwing any vitriol, corrosive acid, or caustic chemical with intent to injure or disfigure, in violation of Section 244.

(12) Assault with a stun gun or taser, in violation of Section 244.5.

(13) Assault with a deadly weapon, firearm, assault weapon, or machinegun, or by means likely to produce great bodily injury, in violation of Section 245.

(14) Rape, in violation of Section 261.

(15) Spousal rape, in violation of Section 262.

(16) Less procuring any female to have sex with another man, in violation of Section 266, 266a, 266b, or 266c.

(17) Child abuse or endangerment, in violation of Section 273a or 273d.

(18) Abuse of spouse or cohabitant, in violation of Section 273.5.

(19) Sodomy, in violation of Section 286.

(20) Lewd and lascivious acts with a child, in violation of Section 288.

(21) Oral copulation, in violation of Section 288a.

(22) Sexual penetration, in violation of Section 289.

(23) Elder abuse, in violation of Section 368.

(24) An attempt to commit any crime specified in paragraphs (1) to (23), inclusive.

(e) When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of violence that is required to be reported pursuant to this section, and when there is an agreement among these persons to report as a team, the team may select by mutual agreement a member of the team to make a report by telephone and a single written report, as required by subdivision (b). The written report shall be signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

(f) The reporting duties under this section are individual, except as provided in subdivision (e).

(g) No supervisor or administrator shall impede or inhibit the reporting duties required under this section and no person making a report pursuant to this section shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established, except that these procedures shall not be inconsistent with this article. The internal procedures shall not require any employee required to make a report under this article to disclose his or her identity to the employer.

(h) For the purposes of this section, it is the Legislature's intent to avoid duplication of information

(Amended by Stats. 2000, Ch. 287.)

**11166.** (a) Except as provided in subdivision (c), a mandated reporter shall make a report to an agency specified in Section 11165.9 whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter shall make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

(1) For the purposes of this article, "reasonable suspicion" means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse. For the purpose of this article, the pregnancy of a minor does not, in and of itself, constitute a basis for a reasonable suspicion of sexual abuse.

(2) The agency shall be notified and a report shall be prepared and sent even if the child has expired, regardless of whether or not the possible abuse was a factor contributing to the death, and even if suspected child abuse was discovered during an autopsy.

## CRIMINAL LAW

(3) A report made by a mandated reporter pursuant to this section shall be known as a mandated report.

(b) Any mandated report who fails to report an incident of known or reasonably suspected child abuse or neglect as required by this section is guilty of a misdemeanor punishable by up to six months confinement in a county jail or by a fine of one thousand dollars (\$1,000) or by both that fine and punishment.

(c) (1) A clergy member who acquires knowledge or a reasonable suspicion of child abuse or neglect during a penitential communication is not subject to subdivision (a). For the purposes of this subdivision, "penitential communication" means a communication, intended to be in confidence, including, but not limited to, a sacramental confession, made to a clergy member who, in the course of the discipline or practice of his or her church, denomination, or organization, is authorized or accustomed to hear those communications, and under the discipline, tenets, customs, or practices of his or her church, denomination, or organization, has a duty to keep those communications secret.

(2) Nothing in this subdivision shall be construed to modify or limit a clergy member's duty to report known or suspected child abuse or neglect when the clergy member is acting in some other capacity that would otherwise make the clergy member a mandated reporter.

(d) Any commercial film and photographic print processor who has knowledge of or observes, within the scope of his or her professional capacity or employment, any film, photograph, videotape, negative, or slide depicting a child under the age of 16 years engaged in an act of sexual conduct, shall report the instance of suspected child abuse to the law enforcement agency having jurisdiction over the case immediately, or as soon as practically possible, by telephone, and shall prepare and send a written report of it with a copy of the film, photograph, videotape, negative, or slide attached within 36 hours of receiving the information concerning the incident. As used in this subdivision, "sexual conduct" means any of the following:

(1) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex or between humans and animals.

(2) Penetration of the vagina or rectum by any object.

(3) Masturbation for the purpose of sexual stimulation of the viewer.

(4) Sadomasochistic abuse for the purpose of sexual stimulation of the viewer.

(5) Exhibition of the genitals, pubic, or rectal areas of any person for the purpose of sexual stimulation of the viewer.

(e) Any other person who has knowledge of or observes a child whom he or she knows or reasonably suspects has been a victim of child abuse or neglect may report the known or suspected instance of child abuse or neglect to an agency specified in Section 11165.9.

(f) When two or more persons, who are required to report, jointly have knowledge of a known or suspected instance of child abuse or neglect, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

(g) (1) The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties, and no person making a report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with this article.

(2) The internal procedures shall not require any employee required to make reports pursuant to this article to disclose his or her identity to the employer.

(3) Reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, co-worker, or other person shall not be a substitute for making a mandated report to an agency specified in Section 11165.9.

(h) A county probation or welfare department shall immediately, or as soon as practically possible, report by telephone, fax, or electronically transmit to the law enforcement agency having jurisdiction



over the case, to the agency given the responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code, and to the district attorney's office every known or suspected instance of child abuse or neglect, as defined in Section 11165.6, except acts or omissions coming within subdivision (b) of Section 11165.2, or reports made pursuant to Section 11165.13 based on risk to a child which relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse, which shall be reported only to the county welfare or probation department. A county probation or welfare department also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision. For the purposes of this subdivision, a fax or electronic transmission shall be deemed to be a written report.

(i) A law enforcement agency shall immediately, or as soon as practically possible, report by telephone to the agency given responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code and to the district attorney's office every known or suspected instance of child abuse or neglect reported to it, except acts or omissions coming within subdivision (b) of Section 11165.2, which shall be reported only to the county welfare or probation department. A law enforcement agency shall report to the county welfare or probation department every known or suspected instance of child abuse or neglect reported to it which is alleged to have occurred as a result of the action of a person responsible for the child's welfare, or as the result of the failure of a person responsible for the child's welfare to adequately protect the minor from abuse when the person responsible for the child's welfare knew or reasonably should have known that the minor was in danger of abuse. A law enforcement agency also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision.

## Excerpts From the California Business & Professions Code

**680.** (a) Except as otherwise provided in this section, a health care practitioner shall disclose, while working, his or her name and practitioner's license status, as granted by this state, on a name tag in at least 18-point type. A health care practitioner in a practice or an office, whose license is prominently displayed, may opt to not wear a name tag. If a health care practitioner or a licensed clinical social worker is working in a psychiatric setting or in a setting that is not licensed by the state, the employing entity or agency shall have the discretion to make an exception from the name tag requirement for individual safety or therapeutic concerns. In the interest of public safety and consumer awareness, it shall be unlawful for any person to use the title "nurse" in reference to himself or herself and in any capacity, except for an individual who is a registered nurse, or a licensed vocational nurse, or as otherwise provided in Section 2800. Nothing in this section shall prohibit a certified nurse assistant from using his or her title.

(b) Facilities licensed by the State Department of Social Services, the State Department of Mental Health, or the State Department of Health Services, shall develop and implement policies to ensure that health care practitioners providing care in those facilities are in compliance with subdivision (a). The State Department of Social Services, the State Department of Mental Health, and the State Department of Health Services shall verify through periodic inspections that the policies required pursuant to subdivision (a) have been developed and implemented by the respective licensed facilities.

(c) For purposes of this article, "health care practitioner" means any person who engages in acts that are the subject of licensure or regulation under this division or under any initiative act referred to in this division.